

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90256 041 \*\*\*\*55.00

967760



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000002818**

1. Entity Name  
**J&K BONITA GROUP, L.L.C.**

Principal Place of Business

**3126 DAVIS BLVD  
 NAPLES FL 34112**

Mailing Address

**3126 DAVIS BLVD  
 NAPLES FL 34112**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3711849**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DAVIELLO, MICHAEL A JR.  
 1025 FIFTH AVENUE NORTH  
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **Jason Dickerson**

Street Address (P.O. Box Number is Not Acceptable)

**3126 Davis Blvd.**

City

**Naples,**

FL

Zip Code

**34104**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Jason Dickerson*

**Managing Member**

**4-30-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	Member	<input type="checkbox"/> Delete
NAME	Jason Dickerson	
STREET ADDRESS	3126 Davis Blvd, Naples, FL 34104	
CITY-ST-ZIP		
TITLE	Member	<input type="checkbox"/> Delete
NAME	Kimberly A Dickerson	
STREET ADDRESS	3126 Davis Blvd., Naples, FL 34104	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**Jason Dickerson**  
**SIGNATURE:** *Jason Dickerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-30-02**

Date

**239  
 775 5995**

Daytime Phone #

CR2E083 (9/01)