

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90098 011 ***158.75

DOCUMENT # **L89526**

1. Entity Name
BONITA GRANDE HOTEL CORPORATION

Principal Place of Business

**4500 EXECUTIVE DRIVE
 SUITE 300
 NAPLES FL 34119
 US**

Mailing Address

**4500 EXECUTIVE DRIVE
 SUITE 300
 NAPLES FL 33999
 US**

2. Principal Place of Business

5672 STRAND COURT

Suite, Apt. #, etc.

SUITE 1

City & State

NAPLES FL

Zip

34110

Country

USA

3. Mailing Address

5672 STRAND COURT

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES FL

Zip

34110

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0208988**

Applied For

Not Applicable

5. Certificate of Status Desired **X**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JANET KELLY
 4500 EXECUTIVE DRIVE
 SUITE 300
 NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name

JANET KELLY

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

5672 STRAND COURT #A

SUITE #1

City

NAPLES

Zip Code

34110

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

JANET KELLY *Reg. Agent* **3/6/01**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S	
STREET ADDRESS	13056 POND APPLE DR. W.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	FRANK W. COOPER	
STREET ADDRESS	4158 LORRAINE AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. HARDY

Date

3/6/01

Daytime Phone #

(941)593-3883

CR2E034 (10/00)