

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0011376 AF

DOCUMENT # L99000000973

1. Entity Name  
CABCO OF BONITA SPRINGS, L.L.C.

00 APR 30 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135

Mailing Address  
9240 BONITA BEACH ROAD, SUITE 1117  
BONITA SPRINGS FL 34135-4250



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3597941

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINER, STEVEN I  
12800 UNIVERSITY DRIVE, SUITE 600  
FORT MYERS FL 33907

Name

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

City

FL

Zip Code

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME REINERT, PATRICK B  
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1117  
CITY-ST-ZIP BONITA SPRINGS FL 34135

☐ Change ☐ Addition  
200003258542--2  
-05/19/00--01009--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME REINERT, KIRK A  
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1117  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

28. Apr. 00  
Date

941 947 9353  
Daytime Phone #

CR2E083 (9/99)