

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000980**

1. Entity Name

**BONUS STORES, L.C.**

Principal Place of Business

2216 RIVER RIDGE ROAD  
DELAND FL 32720

Mailing Address

2216 RIVER RIDGE ROAD  
DELAND FL 32720

2. Principal Place of Business

2520 West New York Avenue

3. Mailing Address

2520 West New York Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, Florida

City & State

DeLand, Florida

4. FEI Number

59-3564882

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, JIMMY A

2216 RIVER RIDGE ROAD  
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

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

2520 West New York Avenue

City

DeLand, Florida

FL

Zip Code  
32720

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/MANAGERS

TITLE NAME MGRM  
SCHAFFER, JIMMY A  
STREET ADDRESS 2216 RIVER RIDGE ROAD  
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition  
Schafer, Jimmy A.  
STREET ADDRESS 2520 West New York Avenue  
CITY-ST-ZIP DeLand, Florida 32720

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003384231  
CITY-ST-ZIP -03/06/00--01037--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 28 AM 10: 02



DO NOT WRITE IN THIS SPACE

CR2E083 (5/00)