

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001494

1. Entity Name

BONITA PROFESSIONAL CENTER OWNERS' ASSOCIATION,

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90003 016 ****61.25

Principal Place of Business

3033 RIVIERA DRIVE #202
NAPLES FL 34103

Mailing Address

3033 RIVIERA DRIVE #202
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8880 Terrene Court

Suite, Apt. #, etc.

3. Mailing Address

8880 Terren Court

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34135

Country

USA

City & State

Bonita Springs, FL

Zip

34135

Country

USA

4. FEI Number

59-3630928

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N ESQ.
3838 TAMiami TRAIL NORTH
SUITE 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Caloosa Property Management

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

8880 Terrene Court

City

Bonita Springs

FL

Zip Code

34135

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 Laurie Miller

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

(NOTE: Registered Agent signature required when reinstating)

9/17/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	
NAME	SVOBODA, BRIT E	NAME	Lee Quernheim
STREET ADDRESS	3033 RIVIERA DRIVE #202	STREET ADDRESS	8870 Terrene Court
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	Bonita Springs, FL 34135
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	KILBOURN, MICHAEL	NAME	Mark K. Rasmus
STREET ADDRESS	3033 RIVIERA DRIVE #202	STREET ADDRESS	8880 Terrene Court
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	Bonita Springs, FL 34135
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	THEISS, BRIAN	NAME	Thomas Holcombe
STREET ADDRESS	7516 CORDOBA CIRCLE	STREET ADDRESS	8860 Terrene Court
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	Bonita Springs, FL 34135
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas Holcombe

9/17/01 644 949-2900

0013724

CR2E037 (5/01)