

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000904

FILED  
Feb 03, 2003  
Secretary of State

Entity Name: BONITA'S BEACON BENEVOLENCE FOUNDATION, INC.

**Current Principal Place of Business:**

27383 FELTS AVE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

27383 FELTS AVE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 01-0685624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WILLIAMS, PHILLIP  
27383 FELTS AVE  
BONITA SPRINGS, FL 34135

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HANSON, LINDA  
Address: 19 3RD ST  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: PIPER, DAVID  
Address: P.O.BOX 292  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: PATAK, THERSA  
Address: 133 WADING BIRD C#103  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: PRICE, ROBERT  
Address: 12600 TOWER RD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Delete  
Name: WILSON, MELVIN  
Address: 26722 TOKEN RD  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Delete  
Name: BROOKS, EDDIE  
Address: 10400 MARLIN LN  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SMITH, TERILYN  
Address: 10790 CHILDERS STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D (X) Change ( ) Addition  
Name: COLLINS, WENDY  
Address: 10641 DEAN STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERIYN SMITH

D

02/03/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date