

DOCUMENT # N93000002592			
1. Entity Name			
BONITA SPRINGS MAIN STREET, INC.			
Principal Place of Business		Mailing Address	
27040 OLD 41 ROAD SUITE 1 BONITA SPRINGS FL 34135 US		P.O. BOX 2213 BONITA SPRINGS FL 34133-2213 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
HOCHSTETNER, HENRY 27040 OLD 41 ROAD SUITE 1 BONITA SPRINGS FL 34135			Name
			Street Address (If different from above)
			City
			State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 Added	
10. OFFICERS AND DIRECTORS		11.	
TITLE	DP <input type="checkbox"/> Delete	TITLE	D
NAME	LORD, PAT	NAME	Ba
STREET ADDRESS	27128 EDENBRIDGE CT.	STREET ADDRESS	112
CITY-ST-ZIP	BONITA SPGS FL 34135	CITY-ST-ZIP	NA
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D
NAME	TRUDNAK, STEPHEN J	NAME	JAN
STREET ADDRESS	554.104TH AVE., N	STREET ADDRESS	171
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	NA
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	D
NAME	LORD, PAT	NAME	DAN
STREET ADDRESS	27128 EDENBRIDGE COURT	STREET ADDRESS	815
CITY-ST-ZIP	BONITA SPRINGS FL	CITY-ST-ZIP	BO
TITLE	DT <input type="checkbox"/> Delete	TITLE	D
NAME	ELLIOTT, CLARA G	NAME	Scot
STREET ADDRESS	25201 PIVOT DR	STREET ADDRESS	34
CITY-ST-ZIP	BONITA SPGS FL 39135	CITY-ST-ZIP	BO
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	SIMS, J. REX	NAME	
STREET ADDRESS	28125 MANGO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	LOWE, LES	NAME	
STREET ADDRESS	10211 MAIN DR.	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPGS FL 39135	CITY-ST-ZIP	

01-27-2000 90011 027 *****61.25



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0466170	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional -Fee Required -

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
HOCHSTETNER, HENRY 27040 OLD 41 ROAD SUITE 1 BONITA SPRINGS FL 34135	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

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

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LORD, PAT 27128 EDENBRIDGE CT. BONITA SPGS FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA MONTI 1180 SARAH DEAN CIRCLE #204 NAPLES, FL. 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TRUDNAK, STEPHEN J 554 104TH AVE., N. NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES O'LEARY 17 BLUEBILL AVE #17 NAPLES, FL. 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LORD, PAT 27128 EDENBRIDGE COURT BONITA SPRINGS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL MINS 21564 OLD 41 ROAD BONITA SPRINGS FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ELLIOTT, CLARA G 25201 PIVOT DR BONITA SPGS FL 39135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT WHIPPLE 3451 BONITA BAY BLVD #202 BONITA SPRINGS FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, J. REX 28125 MANGO DRIVE BONITA SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWE, LES 10211 MAIN DR. BONITA SPGS FL 39135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Patricia R. [Signature] 1-17-00 941-992-8346
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #