

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90111 012 ***158.75

DOCUMENT # P00000044802

1. Entity Name
THE BONITA BAY GROUP, INC.



Principal Place of Business
3451 BONITA BAY BLVD. STE. 202
BONITA SPRINGS FL 34134

Mailing Address
3451 BONITA BAY BLVD. STE. 202
BONITA SPRINGS FL 34134



2. Principal Place of Business

9990 Coconut Rd

Suite, Apt. #, etc.

200

3. Mailing Address

9990 Coconut Rd

Suite, Apt. #, etc.

200

City & State

Bonita Springs FL

Zip

34135

Country

USA

City & State

Bonita Springs FL

Zip

34135

Country

USA

4. FEI Number 59-3643340

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GILKEY, DENNIS E

3451 BONITA BAY BLVD, STE. 202
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

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

9990 Coconut Road

Suite 200

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GILKEY, DENNIS E
STREET ADDRESS 3451 BONITA BAY BLVD STE., #202
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE STD
NAME SCHESTAG, HARVEY R
STREET ADDRESS 3451 BONITA BAY BLVD STE., 202
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE D
NAME LUCAS, DAVID
STREET ADDRESS 3451 BONITA BAY BLVD STE., 202
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 9990 Coconut Rd, Ste 200
CITY-ST-ZIP Bonita Springs FL 34135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 9990 Coconut Rd, Ste 200
CITY-ST-ZIP Bonita Springs FL 34135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 9990 Coconut Rd, Ste 200
CITY-ST-ZIP Bonita Springs FL 34135 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 607, 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03 239-495-1000
Date Day/Mo/Yr Phone #

CR2E034 (10/02)