

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018656

1. Entity Name

BONO'S AT SAN PABLO ROAD, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90090 044 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>14444-2 BEACH BLVD<br>#307<br>JACKSONVILLE FL 32250<br>US | Mailing Address<br>10645 PHILLIPS HWY<br>BLDG 200<br>JACKSONVILLE FL 32256-1443 |
|--|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|   |  |                                |
|---|--|--------------------------------|
| 4. FEI Number <b>59-3175147</b>                           |  | Applied For                    |
|   |  | Not Applicable                 |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>PUTNAM, RICHARD A<br>5730 BOWDEN ROAD<br>#307<br>JACKSONVILLE FL 32216 | 7. Name and Address of New Registered Agent<br>Name<br>RICHARD K. JONES<br>Street Address (P.O. Box Number is Not Acceptable)<br>MOSELEY, WARREN, PRICHARD & PARRISH<br>501 WEST BAY STREET<br>City<br>JACKSONVILLE FL Zip Code<br>32202 |
|---|--|

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 *RK Jones* (NOTE: Registered Agent signature required when reinstating) DATE 4-19-00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ADEEB, JOSEPH III<br>10645 PHILLIPS HWY BLDG 200<br>JACKSONVILLE FL 32256 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PUTNAM, RICHARD<br>10645 PHILLIPS HWY BLDG 200<br>JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000  
 Date

904-880-8310  
 Daytime Phone #

CR2E034 (9/99)