

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90119 019 \*\*\*150.00

**DOCUMENT # P94000069649**

1. Entity Name

**BONTRAGER BUILDERS GROUP, INC.**

Principal Place of Business

Mailing Address

4599 SPANISH TRAIL  
 SUITE A  
 PENSACOLA FL 32504  
 US

4599 SPANISH TRAIL  
 SUITE A  
 PENSACOLA FL 32504-5002  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3265553**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONTRAGER, ROGER A**  
~~700 N. FAIRFIELD DRIVE~~ **6343 Summer Lakes Lane**  
**PENSACOLA FL 32506 32504**

Name

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

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**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          | PD                                | <input type="checkbox"/> Delete            |
| NAME           | BONTRAGER, ROGER A                |  |
| STREET ADDRESS | <del>700 N. FAIRFIELD DRIVE</del> |  |
| CITY-ST-ZIP    | PENSACOLA FL 32506                |  |
| TITLE          | STD                               | <input type="checkbox"/> Delete            |
| NAME           | BONTRAGER, RENEE M                |  |
| STREET ADDRESS | <del>700 N. FAIRFIELD DRIVE</del> |  |
| CITY-ST-ZIP    | PENSACOLA FL 32506                |  |
| TITLE          | VP                                | <input checked="" type="checkbox"/> Delete |
| NAME           | Holland, Stephen A                |  |
| STREET ADDRESS | 4687 Petra Circle                 |  |
| CITY-ST-ZIP    | Pensacola, FL 32526               |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Delete            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS | 6343 Summer Lakes Lane |  |
| CITY-ST-ZIP    | Pensacola, FL 32504    |  |
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS | 6343 Summer Lakes Lane |  |
| CITY-ST-ZIP    | Pensacola, FL 32504    |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | VP                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Loftis, John W         |  |
| STREET ADDRESS | 5025 stevendale Drive  |  |
| CITY-ST-ZIP    | Pensacola, FL 32526    |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

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: Roger A. Bontrager **Roger A. Bontrager, President** 4/29/00 (850) 444-9797  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)