

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080309

1. Entity Name

R & D OF BONITA, INC.

Principal Place of Business

Mailing Address

26325 MAHOGANY PT CT
BONITA SPRINGS FL 34134
US

P O BOX 366128
800 LAUREL OAK DRIVE STE. 400
BONITA SPRINGS FL 34136-6128
US

2. Principal Place of Business

3. Mailing Address

26445 Buick lane
Suite, Apt. #, etc.

P.O. Box 366128
Suite, Apt. #, etc.

City & State

City & State

Bonita Springs FL

Bonita Springs FL

Zip

Country

Zip

Country

34134

USA

34136-6128

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARLICK, THOMAS B ESQ.
8889 PELICAN BAY BLVD, STE 300
NAPLES FL 34108

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 ☐ Delete
NAME RUBINTON, JON
STREET ADDRESS 26325 MAHOGANY PT CT
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Change ☒ Addition
NAME President / Director
STREET ADDRESS Jon Rubinton
CITY-ST-ZIP P.O. Box 366128
Bonita Springs FL 34136-6128

TITLE ☐ Delete
NAME D
STREET ADDRESS DUCHARME, DUANE
CITY-ST-ZIP 7401 BAY COLONY DRIVE
NAPLES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 941-947-7888
Date Daytime Phone #