

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081127

1. Entity Name
BONITA LAND RESOURCES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90324 014 ***150.00

Principal Place of Business
**1165 CLAM CT.
#13
NAPLES FL 34102
US**

Mailing Address
**1165 CLAM CT.
#13
NAPLES FL 34102-0564
US**

00000137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0557937

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A.M. PAPINEAU
1165 CLAM CT-13
NAPLES FL 34102**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HARDY, ROBERT S
4500 EXECUTIVE DRIVE SUITE 300
NAPLES FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSTV
PAPINEAU, A.M.
1165 CLAM CT-13
NAPLES FL-34102**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSTV
APINEAU, A.M.
1165 CLAM CT-13
NAPLES FL 34102**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSTV
PAPINEAU, A.M.
1165 CLAM CT-13
NAPLES FL-34102**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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:

A.M. PAPINEAU

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00-941-775-3338