

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081127

1. Entity Name

BONITA LAND RESOURCES, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90006 050 \*\*\*150.00

Principal Place of Business

1165 CLAM CT.  
#13  
NAPLES FL 34102  
US

Mailing Address

1165 CLAM CT.  
#13  
NAPLES FL 34102  
US

549451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 EXECUTIVE DRIVE

Suite, Apt. #, etc.

SUITE 100

City & State

NAPLES FL

3. Mailing Address

4500 EXECUTIVE DR

Suite, Apt. #, etc.

SUITE 100

City & State

NAPLES FL

4. FEI Number 65-0557937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A.M. PAPINEAU

1165 CLAM CT-13  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name RICHARD BURGESSON

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

4500 EXECUTIVE DRIVE STE 100

City

NAPLES

FL

Zip Code

34119

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

*Richard Burgess*

RICHARD BURGESSON

4/30/01

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, 2001 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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME HARDY, PAUL  
STREET ADDRESS 5692 STRANDE CT STE 1  
CITY-ST-ZIP NAPLES, FL 34110 ☐ Change ☒ Addition

TITLE DVP  
NAME BURGESSON, RICHARD  
STREET ADDRESS 4500 EXECUTIVE DR STE 100  
CITY-ST-ZIP NAPLES, FL 34119 ☐ Change ☒ Addition

TITLE DST  
NAME COLSON, KARIN  
STREET ADDRESS 4500 EXECUTIVE DR STE 100  
CITY-ST-ZIP NAPLES, FL 34119 ☐ 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

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

*Karin Colson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01 (941)5979004

Daytime Phone #

CR2E034 (10/00)