

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058332

1. Entity Name

ST. BONAVENTURE VENTURES, INC.

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90115 047 ***150.00

Principal Place of Business

Mailing Address

2212 US 301 SOUTH
TAMPA, FL 33619

2212 US 301 SOUTH
TAMPA FL 33647-1130

2. Principal Place of Business

3. Mailing Address

7125 Warcham Drive

7125 Warcham Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip
33647

Country

Zip
33647

Country

4. FEI Number 59-3325029

Applied For

Not Applicable

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

NICHOLAS, BARBARA J
2212 US 301 SOUTH
TAMPA FL 33619

Name BARBARA J. Nicholas, President
Street Address (P.O. Box Number is Not Acceptable)
7125 Warcham Drive

City Tampa, FL Zip Code 33647

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 Barbara J. Nicholas, President

03-21-2000

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 D ☐ Delete
NAME NICHOLAS, WAYNE L
STREET ADDRESS 2212 US 301 SOUTH
CITY-ST-ZIP TAMPA FL 33619

TITLE WAYNE L. Nicholas, VP ☒ Change ☐ Addition
NAME
STREET ADDRESS 7125 Warcham Drive
CITY-ST-ZIP Tampa, FL 33647

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: Barbara J. Nicholas, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000

Date

(813)971-5485

Daytime Phone #