

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084355

1. Entity Name

ISLAND ENDEAVORS OF BONITA BEACH, INC.

FILED

01 FEB 20 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4685 BONITA BCH RD
BONITA SPRGS FL 33957
US

Mailing Address

2015 WILD LIME DR
SANIBEL FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-0652989

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, JOSEPH L
2400 E COMMERCIAL BLVD
SUITE 720
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: BARRY GREENFIELD

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

2015 Wild Lime Dr

City: SANIBEL

FL

Zip Code: 33957

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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: GREENFIELD, BARRY
STREET ADDRESS: 2015 WILD LIME DR
CITY-ST-ZIP: SANIBEL FL 33957

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS: 000003783020-5
CITY-ST-ZIP: -02/27/01-01093-004
*****900.00 *****900.00

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 the 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3 Jan 2001

141

472 6527

CR2E034 (5/00)