

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90100 030 ***150.00

DOCUMENT # P96000055790

1. Entity Name

BONITA GRANDE SAND COMPANY

Principal Place of Business

25501 BONITA GARDEN DR
BONITA SPRINGS FL 33135
US

Mailing Address

7200 DAVIS BLVD
NAPLES FL 34104-5303
US

907421

2. Principal Place of Business

25501 Bonita Grande Dr
Suite, Apt. #, etc.

3. Mailing Address

25501 Bonita Grande Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number **59-3400070**

Applied For
Not Applicable

Zip Country

33135

Zip Country

33135

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

6. Name and Address of Current Registered Agent

SIESKY, JAMES H
1000 NORTH TAMiami TRAIL, SUITE 201
NAPLES FL 33940

7. Name and Address of New Registered Agent

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

TITLE **PS** ☐ Delete
NAME **HUBSCHMAN, SAMUEL**
STREET ADDRESS **7200 DAVIS BLVD**
CITY-ST-ZIP **NAPLES FL**

TITLE **VT** ☒ Delete
NAME **HUBSCHMAN, ALBERT**
STREET ADDRESS **7200 DAVIS BLVD**
CITY-ST-ZIP **NAPLES FL**

TITLE **S** ☐ Delete
NAME **HUBSCHMAN, HARRISON**
STREET ADDRESS **101 GARCIA AVE**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00 941-947-6411

Date

Daytime Phone #