## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600055790 BONITA GRANDE SAND COMPANY 00 AUG 30 PM 1: 47 Principal Place of Business Mailing Address 25501 BONITA GARDEN DR 7200 DAVIS BLVD SECRETARY OF STATE **BONITA SPRINGS FL 33135** NAPLES FL 34104-5303 US 3. Mailing Address 25501 Bowly Grandel 2. Principal Place of Business DO NOT VIRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3400070 MINO Not Applic Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIESKY-JAMES H-Street Address (P.O. Box Number is Not Acceptable) 1000 NORTH TAMIAMI TRAIL, SUITE 201 NAPLES FL 33940 City 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, 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 FILE NOWILL PRESS 750.00 10. Election Campaign Financing \* Tax filing requirement and elects to do so. After MAY 1, 2001 Behavious \$850.00 Make Check Payable 1880 spainings of State \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. : ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Hubschman Samuel 100 7200 Davis Boulevard NAME HUBSCHMAN, SAMUEL NAME STREET ADDRESS 7200 DAVIS BLVD STREET ADDRESS CITY-ST-ZIP NAPLES FL CTTY-ST-ZIP Noubles Fi TITLE Delete Hubschman, Samuel Ochange NAME. HUBSCHMAN: ALBERT NAME Davis Boulevard STREET ADDRESS 7200 DAVIS BLVD STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITL F Delete MILE 🧦 #00003380**₹**\$4 HUBSCHMAN, HARRISON NAME NAME : STREET ADDRESS -09/13/00--01007--004 101 GARCIA AVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 \*\*\*\*\*61.25 \*\*\*\*\*61.25 CITY-ST-ZIP TITLE ☐ Delete MILE . Change Addition Addition NAME NAME & STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete MILE Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐.Delete TITLE 🦖 📑 Additic NAME NAME

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 trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.

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STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR