

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013996

1. Entity Name

TLR OF BONITA, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90007 036 ***158.75

Principal Place of Business

9148 BONITA BEACH RD
SUITE 210
BONITA SPRINGS FL 34135

Mailing Address

9148 BONITA BEACH RD
SUITE 210
BONITA SPRINGS FL 34135-4265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3426760

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

00027013



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOLEY, JOHN
4532 TAMiami TRAIL EAST
SUITE 401
NAPLES FL 33962

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	☐ Delete
NAME	BARRETT, DR. WILLIAM	
STREET ADDRESS	3035 LANCASTER DR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	P	☐ Delete
NAME	HOOLEY, JOHN F	
STREET ADDRESS	4532 TAMiami TRAIL EAST, STE 401	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	S	☐ Delete
NAME	BARRET, EMOLEEN	
STREET ADDRESS	3035 LANCASTER DR	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/2000 (941) 947-6355

CR2E034 (9/99)