

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068575

1. Entity Name

SARA OF BONITA, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90002 034 ***150.00

Principal Place of Business

3431 BONTIA BEACH ROAD
#207
BONITA SPRINGS FL 34134

Mailing Address

3431 BONTIA BEACH ROAD
#207
BONITA SPRINGS FL 34134-4153

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3463654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAYLOR, SARA J
3431 BONITA BEACH ROAD, #207
BONITA SPRINGS FL 34134

Name MURIEL C. SWIHURA

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

3431 Bonita Beach Rd

City

Bonita Springs

FL

Zip Code

34134

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

Muriel C. Swihura - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/2000

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
NAME TAYLOR, SARA J
STREET ADDRESS 3431 BONITA BEACH ROAD, #207
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE PRESIDENT - MURIEL SWIHURA
NAME MURIEL SWIHURA
STREET ADDRESS 3431 BONITA BEACH RD
CITY-ST-ZIP BONITA SPRINGS, FL 34134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Muriel C. Swihura
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2000
Date

941-948-1177
Daytime Phone #

CR2E034 (9/99)