

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000079413**

1. Entity Name

**BONITA GOLF CLUB MANAGEMENT, INC.****FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90111 008 \*\*\*150.00

04007

Principal Place of Business  
**10200 MADDOX LANE**  
**BONITA SPRINGS FL 34135**  
**US**

Mailing Address  
**10200 MADDOX LANE**  
**BONITA SPRINGS FL 34135**  
**US**

**00006944**

DO NOT WRITE IN THIS SPACE

|   |         |  |         |
|---|---------|--|---------|
| 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 <b>59-3471338</b>                           |         | Applied For<br><input type="checkbox"/> Not Applicable |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | <b>\$8.75 Additional Fee Required</b>                  |         |

**6. Name and Address of Current Registered Agent****PASS, PAMELA**  
**10200 MADDOX LANE**  
**BONITA SPRINGS FL 34135****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, 2001 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                      | <b>P</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PASS, PAMELA</b>                        | NAME  |   |
| STREET ADDRESS             | <b>10200 MADDOX LANE</b>                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>BONITA SPRINGS FL 34135</b>             | CITY-ST-ZIP   |   |
| TITLE                      | <b>VPS</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MICHAEL, MICELI</b>                     | NAME  |   |
| STREET ADDRESS             | <b>1400 QUIFSHORE BLVD STE 224</b>         | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NAPLES FL 34102</b>                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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

1/10/01  
Date941-992-2800  
Daytime Phone #

CR2E034 (10/00)