

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90010 009 ***150.00

DOCUMENT # P98000031926

1. Entity Name

BONITA VACATIONS & INVESTMENTS, INC.

Principal Place of Business

~~23053 SHADY KNOLL RD~~
~~BONITA SPRINGS FL 34135~~

Mailing Address

~~23053 SHADY KNOLL RD~~
~~BONITA SPRINGS FL 34135~~

2. Principal Place of Business

875 102ND AVEN.

Suite, Apt. #, etc.

3. Mailing Address

875 102ND AVEN.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES, FL

4. FEI Number

59-3528031

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MILLER, DIXON F~~
~~5801 PELICAN BAY BLVD~~
~~STE 300~~
~~NAPLES FL 34108-2700~~

7. Name and Address of New Registered Agent

Name

John Bolan

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

875 102ND AVEN.

City

NAPLES

FL

Zip Code

34108

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

3/8/02

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	TILLMANS, HEINZ	
STREET ADDRESS	D-59009 HAMM DONAUSCHLEIFE 17	
CITY-ST-ZIP	GERMANY	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EICHENBERG, HEIKE	
STREET ADDRESS	D-59009 HAMM DONAUSCHLEIFE 17	
CITY-ST-ZIP	GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heinz Tillmanns	
STREET ADDRESS	23053 Shady Knoll Dr	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heike Tillmanns	
STREET ADDRESS	23053 Shady Knoll Dr	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 941/598-9901

Date

Daytime Phone #

0606747 AV

CR2E034 (9/01)