

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90146 037 ***150.00

DOCUMENT # P98000031926

1. Entity Name
BONITA VACATIONS & INVESTMENTS, INC.



Principal Place of Business
**875 102ND AVE N
NAPLES FL 34108
US**

Mailing Address
**875 102ND AVE N
NAPLES FL 34108
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3528031**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOLAN, JOHN
875 102ND AVE NORTH
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **BOLAN, JOHN**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **TILLMANS, HEINZ**
STREET ADDRESS **23053 SHADY KNOLL DR**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition
NAME **875 102ND AVE N.**
STREET ADDRESS **NAPLES, FL 34108**
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **EICHENBERG, HEIKE**
STREET ADDRESS **23053 SHADY KNOLL DR**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☒ Change ☐ Addition
NAME **875 102ND AVE N.**
STREET ADDRESS **Naples, FL 34108**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **John Bolan**
STREET ADDRESS **875 102ND AVE N.**
CITY-ST-ZIP **Naples, FL 34108**

TITLE ☒ Change ☒ Addition
NAME **John Bolan**
STREET ADDRESS **875 102ND AVE N.**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

1/13/03 239-598-9901
Date Daytime Phone #

CR2E034 (10/02)