

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000047884**

1. Entity Name

BONITA COVE, INC.

Principal Place of Business

**5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 34103**

Mailing Address

**5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 34133-0279**

2. Principal Place of Business

**28000 Spanish Wells Blvd P.O. Box 279
Suite, Apt. #, etc. 200**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bonita Springs, FL Bonita Springs, FL

Zip

Country

34135

Zip

Country

34133

6. Name and Address of Current Registered Agent

**AMBURN, JAMES W
5117 CASTELLO DRIVE
SUITE 1
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

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

28000 Spanish Wells Blvd.

City

Bonita Springs FL

Zip Code

34135

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

TITLE	D	<input type="checkbox"/> Delete
NAME	AMBURN, JAMES W	
STREET ADDRESS	5117 CASTELLO DRIVE STE-1	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28000 Spanish Wells Blvd.	
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
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W AMBURN

Date

1/23/00 941-674-992-3355

Daytime Phone #

**FILED
Mar 21, 2000 8:00 am
Secretary of State**

03-21-2000 90037 012 ***150.00

C0041139



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3511637

Applied For

Not Applicable

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

CR2E034 19/99