

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105332

1. Entity Name

BINGENHEIMER, INC.

FILED

Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90123 019 \*\*\*150.00

Principal Place of Business

5117 CASTELLO DRIVE #1  
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE #1  
NAPLES FL 34133-0279

2. Principal Place of Business

28000 Spanish Wells Blvd  
Suite, Apt. #, etc.  
200  
City & State  
Bonita Springs, FL  
Zip  
34135

3. Mailing Address

P.O. Box 279  
Suite, Apt. #, etc.  
City & State  
Bonita Springs, FL  
Zip  
34133



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568257

Applied For  
Not Applicable

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

AMBURN, JAMES W  
5117 CASTELLO DRIVE #1  
NAPLES FL 34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BINGENHEIMER, ERICH	
STREET ADDRESS	5117 CASTELLO DRIVE #1	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINGENHEIMER, BRIGITTE	
STREET ADDRESS	5117 CASTELLO DRIVE #1	
CITY-ST-ZIP	NAPLES FL 34103	
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		

TITLE	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGENHEIMER, ERICH	
STREET ADDRESS	28000 Spanish Wells Blvd	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGENHEIMER, BRIGITTE	
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-00

Date

941-992-3355

Daytime Phone #