

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91165 027 \*\*\*150.00

**DOCUMENT #** P99000004625

1. Entity Name

BONUM ASSOCIATES, INC.

Principal Place of Business

Mailing Address

15755 IONA LAKES DR. 15755 IONA LAKES DR.  
 FORT MYERS, FL 33908 FORT MYERS, FL 33908

771074

2. Principal Place of Business  
 16225 JAYESS LANE

3. Mailing Address  
 16225 JAYESS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 NORTH FT. MYERS, FL

City & State  
 NORTH FT. MYERS

4. FEI Number  
 65-0887357

Applied For  
 Not Applicable

Zip  
 33917

Country  
 LEE

Zip  
 33917

Country  
 LEE

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

DANA B. MATHENY  
 16225 JAYESS LANE  
 NORTH FT. MYERS, FL 33917

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

*Dana B. Matheny*

4/24/01

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 PRESIDENT/DIRECTOR ☐ Delete  
 NAME DANA B. MATHENY  
 STREET ADDRESS 16225 JAYESS LANE  
 CITY - ST - ZIP NORTH FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE SEC/TREAS/DIRECTOR ☐ Delete  
 NAME EDWARD E. MATHENY  
 STREET ADDRESS 16225 JAYESS LANE  
 CITY - ST - ZIP NORTH FT. MYERS, FL 33917

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Dana B. Matheny* *Dana B. Matheny - Pres* 4/24/01 941-527-2410  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #