

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015799

1. Entity Name

R.J. BOGNER'S, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90055 027 ***150.00

Principal Place of Business

Mailing Address

870 BELLA VISTA COURT SOUTH
JUPITER FL 33477-5562

870 BELLA VISTA COURT SOUTH
JUPITER FL 33477-5562

2. Principal Place of Business

3. Mailing Address

2884 TENNIS CLUB DR.

P.O. Box 6806

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt #705

City & State
WEST PALM BEACH, FL.

City & State
DOUGLASVILLE GA

Zip
33417

Country
PALM BEACH

Zip
30154-6806

Country
DOUGLAS.

4. FEI Number

58-9584158

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

HODGES, PERRY W JR.
644 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE FL 33301

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
RONNIE J. BOGNER
2884 TENNIS CLUB DR #705
WEST PALM BEACH FL 33417

TITLE
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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
RONNIE BOGNER - 4-4-2000 561-615-4020

Date

Daytime Phone #

CR2E034 (9/99)