

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021023

1. Entity Name

BONJONS PIZZA, INC.

Principal Place of Business

12909 E. HWY. 25  
OCCLAHAWA FL 32179

Mailing Address

11960 SE 108TH TERRACE RD.  
BELLEVUE FL 34420-3626

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

4. FEI Number

59-3561208

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNHAM, LINDA  
5507 SE 111TH ST.  
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

Name

NANCY C. MOORE

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

P.O. Box 138

10391 W. Fishbowl DR Lot 27

City

HOMOSASSA

FL

Zip  
34448

8. The above named entity submits this statement 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES S/T  
KEVIN M. BOND  
11960 S.E. 108 TERR. RD.  
BELLEVUE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Y. PRES  
JOHN C. WILLISON  
11892 SE 92ND CT.  
BELLEVUE FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003458044-5  
-11/09/00-01018-005  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
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TITLE  
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:

Kevin M. Bond President

9/26/00

352-266-3464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

0508212