

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045715

1. Entity Name

BONITA PRESERVE DEVELOPMENT, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90141 005 \*\*\*150.00

Principal Place of Business

5117 CASTELLO DRIVE SUITE 1  
NAPLES FL 34103

Mailing Address

5117 CASTELLO DRIVE SUITE 1  
NAPLES FL 34133-0279

CU0040746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28000 Spanish Wells Blvd  
Suite, Apt. #, etc.  
200

3. Mailing Address

P.O. Box 279  
Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-3581817

Applied For

Not Applicable

Zip

34135

Country

Zip

34133

Country

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 SUITE 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  
NAME AMBURN, JAMES W  
STREET ADDRESS 5117 CASTELLO DRIVE SUITE 1  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 28000 Spanish Wells Blvd  
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE D  
NAME CRAWFORD, J. STEPHEN  
STREET ADDRESS 5117 CASTELLO DRIVE SUITE 1  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 28000 Spanish Wells Blvd  
CITY-ST-ZIP Bonita Springs, FL 34135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)