# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S04270 (2)

1. Corporation Name

**UNIVERSAL COMMUNICATIONS CO. OF BONITA SPRINGS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8794 COMMERCE DR.<br>BONITA SPRINGS FL 33923 | PO BOX 2372<br>BONITA SPRINGS FL 33959-2372<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29)
Country (25) (30)

4. FEI Number: 65-0188243 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BUENNAGEL, DONALD R.**
**8794 COMMERCE DR.**
**BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4835 BONITA BEACH RD., #210
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DVP | 1.1 TITLE | DP | ☒ Change ☐ Addition |
| NAME | BONDY, WILLIAM D. | 1.2 NAME | | |
| STREET ADDRESS | 4895 BONITA BEACH RD 103 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HEATH, DAVID F. | 2.2 NAME | | |
| STREET ADDRESS | RR 1, BOX 644-C | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH WEBSTER IN | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUENNAGEL, J. CLIFFORD | 3.2 NAME | | |
| STREET ADDRESS | 3450 GULF SHORE BLVD. N. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | DCEO | ☒ Change ☐ Addition |
| NAME | BUENNAGEL, DONALD R. | 4.2 NAME | | |
| STREET ADDRESS | 4835 BONITA BEACH RD.210 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUENNAGEL, JOANNE | 5.2 NAME | | |
| STREET ADDRESS | 4835 BONITA BEACH RD.210 | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS FL | 5.4 CITY-ST-ZIP | | |
| TITLE | ~~DP~~ | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ~~LEPOLA, RICHARD A.~~ | 6.2 NAME | | |
| STREET ADDRESS | ~~3620 LAKEMONT DR~~ | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~BONITA SPRGS FL~~ | 6.4 CITY-ST-ZIP | | |

Delete - Remove

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Donald Buennagel 4-6-95 813-495-3399
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Donald R. Buennagel

0483110 FP