

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90143 034 \*\*\*150.00

**DOCUMENT # S04270**

1. Entity Name

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

Principal Place of Business

**24331 PRODUCTION CIRCLE  
 STE 1  
 BONITA SPRINGS FL 34135-2372  
 US**

Mailing Address

**PO BOX 2372  
 BONITA SPRINGS FL 33959-2372  
 US**

**00012068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**26801 OLD 41 ROAD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3**

City & State

**BONITA SPRINGS**

City & State

4. FEI Number **65-0188243**

Applied For

Not Applicable

Zip

**34135**

Country

**LEE**

Zip

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

**BUENNAGEL, DONALD R.  
 4835 BONITA BEACH RD  
 #210  
 BONITA SPRINGS FL 34134**

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, 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 **DP** ☐ Delete  
 NAME **BONDY, WILLIAM D.**  
 STREET ADDRESS **4895 BONITA BEACH RD 103**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

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

TITLE **D** ☐ Delete  
 NAME **HEATH, DAVID F.**  
 STREET ADDRESS **1325 N MAIN ST**  
 CITY-ST-ZIP **NORTH WEBSTER IN 46555**

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

TITLE **DCEO** ☐ Delete  
 NAME **BUENNAGEL, DONALD R.**  
 STREET ADDRESS **4835 BONITA BEACH RD.210**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

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

TITLE **D** ☐ Delete  
 NAME **BUENNAGEL, JOANNE**  
 STREET ADDRESS **4835 BONITA BEACH RD.210**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

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  
 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 #

**1-19-01 944-495-3399**

CR2E034 (10/00)