

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54951

1. Entity Name

BONO'S AT JAMMES ROAD, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90012 006 ***150.00

Principal Place of Business

5229 JAMMES RD
 JACKSONVILLE FL 32210
 US

Mailing Address

10645 PHILLIPS HIGHWAY
 BLDG. 200
 JACKSONVILLE FL 32256-1443

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3068295

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

LEVY, ISAAC L ESQ.
 1513 SAN MARCO BLVD
 JACKSONVILLE FL 32207

Name
 RICHARD K. JONES

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

MOSELEY, WARREN, PRICHARD & PARRISH

501 WEST BAY STREET

City

JACKSONVILLE

FL

Zip Code
 32202

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
 D
 ADEEB, JOSEPH III
 10645 PHILLIPS HIGHWAY, BLDG. 200
 JACKSONVILLE FL 32256 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

4/24/2000

Date

904-880-8310

Daytime Phone #

CR2E034 (9/99)