

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90020 022 ***150.00

DOCUMENT # S54951

1. Entity Name
BONO'S AT JAMMES ROAD, INC.

Principal Place of Business

**5229 JAMMES RD
JACKSONVILLE FL 32210
US**

Mailing Address

**10645 PHILLIPS HIGHWAY
BLDG. 200
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

PO Drawer 40347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32203

DURAL

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

**JONES, RICHARD K
MOSELEY, WARREN, PRICHARD & PARRISH
501 WEST BAY STREET
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Ronald N. Horcher

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

6239 New Kings Rd

City

Jacksonville

FL

Zip Code

32209

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 **Ronald N. Horcher Pres.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/2001

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

TITLE **D**
NAME **ADEEB, JOSEPH III** ☒ Delete
STREET ADDRESS **10645 PHILLIPS HIGHWAY, BLDG. 200**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Ronald N. Horcher** ☒ Change ☐ Addition
STREET ADDRESS **6239 New Kings Rd.**
CITY-ST-ZIP **Jacksonville, FL 32209**

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

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

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

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

TITLE
NAME
STREET ADDRESS
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

3/28/2001 904-768-0556

Date

Daytime Phone #

CR2E034 (10/00)