

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90001 035 ***158.75

DOCUMENT # V38797

1. Entity Name

LA BONITA OLE, INC.

Principal Place of Business 3102 N. HABANA AVENUE SUITE 301 TAMPA FL 33607	Mailing Address 3102 NORTH HABANA AVENUE SUITE 301 TAMPA FL 33607-2269 US
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DO NOT WRITE IN THIS SPACE

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 59-3126632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**YOUNG, TAMMY M.
10817 ROUNDVIEW LANE
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number, is Not Acceptable)
1706 S. HABANA Ave.

City **Tampa** FL Zip Code **33629**

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 _____ (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	
TITLE CPTS	<input type="checkbox"/> Delete
NAME YOUNG, TAMMY M.	
STREET ADDRESS 10817 ROUNDVIEW LANE	
CITY-ST-ZIP TAMPA FL 33624	
TITLE V	<input type="checkbox"/> Delete
NAME LANE, MARTHA E.	
STREET ADDRESS 3102 N. HABANA AVENUE SUIT E301	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jack Sadler Sadler, JACK	
STREET ADDRESS 4757 Sweet Meadow Circle	
CITY-ST-ZIP SARASOTA, FL 34238	
TITLE CPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Young, Tammy M.	
STREET ADDRESS 1706 S. HABANA Ave.	
CITY-ST-ZIP Tampa, FL 33629	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tammy M. Young **TAMMY M. Young** **04-05-2000** **813-871-1114**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)