

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90033 028 \*\*\*\*70.00

**DOCUMENT # 766069**

1. Entity Name

**THE BANYAN TREE OF KEY WEST CONDOMINIUM AND OWNE**

Principal Place of Business

Mailing Address

323 WHITEHEAD STREET  
 KEY WEST FL 33040

323 WHITEHEAD STREET  
 KEY WEST FL 33040-6542

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

**59-2735297**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

00010073



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A.G.C. CO.  
 2300 SUN BANK CENTER  
 200 S. ORANGE AVE.  
 ORLANDO FL 32801

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KATZ, LORI</b>	
STREET ADDRESS	<b>1514 FOURTH ST</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SONGER, MARK</b>	
STREET ADDRESS	<b>2217 TOWNLEY ROAD</b>	
CITY-ST-ZIP	<b>TOLEDO OH</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, GILBERT</b>	
STREET ADDRESS	<b>P.O. BOX 4212 N/A</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SUROWIECKI, STEVE</b>	
STREET ADDRESS	<b>2036 SE 17TH ST.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAMS, RICHARD</b>	
STREET ADDRESS	<b>593 S. BERMONT AVE.</b>	
CITY-ST-ZIP	<b>LAFAYETTE CO 80026</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MYERS, JERRY E.</b>	
STREET ADDRESS	<b>2381 OLEANDER ST.</b>	
CITY-ST-ZIP	<b>JAMES FL</b>	

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gilbert Russell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GILBERT RUSSELL**

**2/1/00**

Date

Daytime Phone #

CR2E037 (9/99)