

04-25-2003 90179 009 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

4/2

DOCUMENT # **M72003**

1. Entity Name  
**BANYAN REALTY, INC.**



**55039774**

Principal Place of Business  
 % SYLVAN A. WELLS  
 618 NORTH WILD OLIVE AVE.  
 DAYTONA BEACH FL 32118

Mailing Address  
 % SYLVAN A. WELLS  
 618 NORTH WILD OLIVE AVE.  
 DAYTONA BEACH FL 32118



2. Principal Place of Business  
**Banyan Realty Inc**  
 Suite, Apt. #, etc.  
**4606 Clyde Morris Blvd**  
**St 1-G**

3. Mailing Address  
**4606 Clyde Morris DLV**  
 Suite, Apt. #, etc.  
**1-G**

CHECK HERE IF MAKING CHANGES

City & State  
**Port Orange FL**

City & State  
**Port Orange FL**

Zip  
**32129**

Country  
**Volusia**

Zip  
**32129**

Country  
**Volusia**

4. FEI Number **59-2880315**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~WELLS, SYLVAN A.~~  
 618 NORTH WILD OLIVE AVE.  
 DAYTONA BEACH FL 32018

**Banyan Realty, Inc.**  
**4606 Clyde Morris Blvd.**  
**Suite 1-G**  
**Port Orange, FL 32129**

7. Name and Address of New Registered Agent

Name **Pamela Leuzinger**

Street Address (P.O. Box Number is Not Acceptable)  
**4606 Clyde Morris Blvd**

**Suite 1-G**

City **Port Orange** FL Zip Code **32129**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pamela Leuzinger*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

*Pamela Leuzinger*  
 DATE **4-23-03**

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>LEUZINGER, ROBERT H.</b>
STREET ADDRESS	<b>1091 KINGSWOOD WAY</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEUZINGER, PAMELA K.</b>
STREET ADDRESS	<b>1091 KINGSWOOD WAY</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P. Leuzinger Pamela K.</b>
STREET ADDRESS	<b>4606 Clyde Morris Blvd. St 1-G</b>
CITY-ST-ZIP	<b>Port Orange FL 32129</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	
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 607, 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: *Pamela Leuzinger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**  
 Date

**386-760-0829**  
 Daytime Phone #

*Pamela Leuzinger 5-9-03*

CR2E034 (10/02)