FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012044 1. Entity Name BANYAN RESORT REALTY, INC.						Secretary of State 02-11-2002 90088 038 ***150.00					
Principal Plac	e of Business	Mailing Address									
323 WHITEHEAD STREET KEY WEST FL 33040		PO BOX 1281 KEY WEST FL 33041							v		
RET WEST FO	. 33040	US									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4	4. FEI Number 65-0376305 Applied Fo Not Applied					-	
- Zip	Country	Zip.	Coun	try		5. Certificate of Status	Desired		3.75 Add e Require]
	6. Name and Address of Curren	t Registered Agent		Name	7	. Name and Address	of New Reg	stered Age	nt		1
MYERS, J					my_L ddress (P.C	O. Box Number is Not .	Acceptable)				$\frac{1}{2}$
323 WHITEHEAD STREET KEY WEST FL 33040				2:	23	14) h i la h mat	1 st				-
				City	0. (1)	in ct	<u>, 01</u>	· FL	Z BC X	640	1
8. The above	named entity submits this statement f	or the purpose of changing its	registere	ed office or	registered	agent, or both, in the	State of Florid		<u>ں ں</u> ۔		1
SIGNATURE.	Signal, typed or printed name of registered agen	t and title if applicable. (NDTE	E: Registere	Lac d Agent signatu	Chat ure required whe	Preside	at	1/2	4/0	<u></u>	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	e - FILE-NOW! After May 1, 200 Make Check Payab	02 Fee	will be \$5	50.00	10. Election Car Trust Fund	mpaign Finand Contribution.	cing		0 May Be I to Fees	
11.	OFFICERS AND		12.			ADDITIONS/CHANGE	S TO OFFICE				 ←
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lachat, amy 323 Whitehead Street Key West FL 33040	☐ Delete						_] Change	Addition	CR2E034 (9/01)
TITLE	RET WEST FL 33040	□ Delete	TITLE			, - n] Change	Addition	SR2
NAME STREET ADDRESS			- 1	ET ADDRESS							
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP]-Change	Addition-	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP				E IET ADDRESS - ST-ZIP	ļ						
TITLE NAME		☐ Delete	TITLE			<u> </u>] Change	Addition	1
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP							
TITLE NAME		☐ Delete	TITLE						Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS - ST- ZIP							
TITLE NAME	74	☐ Delete	TITLE	1		- "] Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP							
indicated	pertify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an eddress.	is true and accurate and that m	nv signat	ture shall ha red by Cha	ave the san pter 607, F	ne legal effect as if ma lorida Statutes; and th	ade under oath at my name a	n: that I am a	an officer lock 11 or	or director Block 12 if	
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER	A CONTRACT	E-	Laci	hat, preside	ent 1/2	-4/02 Daytim	ne Phone #	- 296- 230_	