

DOCUMENT # 265351

1. Entity Name

BANACK INSURANCE AGENCY INC

Principal Place of Business

2045 14TH AVE  
POB 130  
VERO BCH FL 32961-0130  
US

Mailing Address

PO BOX 130  
VERO BCH FL 32961-0130  
US

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 59-0999411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BANACK, SIDNEY M., JR.  
2045 14TH AVE  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

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

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 P  
NAME BANACK, SIDNEY M, JR  
STREET ADDRESS 6125 ATLANTIC BLV  
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE V  
NAME HARRIS, MICHAEL W.  
STREET ADDRESS 6276 4TH STREET  
CITY-ST-ZIP VERO BCH, FL 00000 ☐ Delete

TITLE S  
NAME ROSELAND, CHERYL B.  
STREET ADDRESS 1266 32ND AVE.  
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE V  
NAME THISTLE, GEORGE G.  
STREET ADDRESS 1485 37TH STREET #214  
CITY-ST-ZIP VERO BCH FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

561-562-3369

FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90080 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)