

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 361985

1. Entity Name

BANDERA INC

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90018 013 ***150.00

Principal Place of Business

~~850 PARADISE BEACH CIRCLE~~
~~PENSACOLA FLORIDA 32506~~
~~US~~

Mailing Address

~~850 PARADISE BEACH CIRCLE~~
~~PENSACOLA FLORIDA 32506-0467~~
~~US~~

2. Principal Place of Business

4914 N. Armenia Ave

3. Mailing Address

P.O. Box 1186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33603

Country

USA

Zip

33601

Country

USA

4. FEI Number

59-1357435

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LEESER, KEVIN J.~~
~~850 PARADISE BCH CIRCLE~~
~~PENSACOLA FL 32506~~

7. Name and Address of New Registered Agent

Name John H. McCaskrie

Street Address (P.O. Box Number is Not Acceptable)

4914 N. Armenia Avenue

City

Tampa

FL

Zip Code

33603

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

John H. McCaskrie

John H. McCaskrie President

1-24-00

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	LEESER, KEVIN J.	
STREET ADDRESS	850 PARADISE BCH CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCOSKRIE, MARY LOU	
STREET ADDRESS	2345 C VIA MARIPOSA WEST	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John H. McCaskrie	
STREET ADDRESS	4914 N. Armenia Avenue	
CITY-ST-ZIP	Tampa FL 33603	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John H. McCaskrie John H. McCaskrie 1-24-00 (727) 343-6376