## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am Secretary of State DOCUMENT # F9800001267 1. Entity Name BANYAN INVESTMENT ADVISORS, INC. 05-11-2001 90294 025 \*\*\*150.00 Principal Place of Business Mailing Address 2424 N FEDERAL HWY 12403 ROCKLEDGE CIRCLE SUITE 366 **BOCA RATON FL 33428 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address ackledge Circle Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OCity & State City & State 4. FE! Number Applied For 52-2085189 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name GOLDBERG, BARRY F Street Address (P.O. Box Number is Not Acceptable) 12403 ROCKLEDGE CIRCLE BOCA RATON FL 33428 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE GOLDBERG, BARRY F NAME NAME STREET ADDRESS 700 S FEDERAL HWY, STE 200 STREET ADDRESS Raton, FL 33428 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE TITLE ☐ Change ☐ Addition Delete NAME SHAPIRO, GARY L NAME STREET ADDRESS 700 S FEDERAL HWY, STE 200 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Barry F. Goldber 4

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

581-482-95 18

FILED