

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90050 033 ***158.75

DOCUMENT # G44757

1. Entity Name
BANYAN RESORT MANAGEMENT, INC.

Principal Place of Business

**323 WHITEHEAD ST.
 KEY WEST FL 33040**

Mailing Address

**323 WHITEHEAD ST.
 KEY WEST FL 33040**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2439534**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **STATE**

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KIER, VANCE W.
 517 DUVAL STREET
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **KIER VANCE W.**

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

323 WHITEHEAD ST

City **KEY WEST**

FL

Zip Code **33040**

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

Vance Kier **VANCE KIER PD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/02

**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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	KIER, VANCE W.	
STREET ADDRESS	517 DUVAL ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUSSELL, GILBERT M.	
STREET ADDRESS	323 WHITEHEAD ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KIER, JOAN	
STREET ADDRESS	517 DUVAL STREET	
CITY-ST-ZIP	KEY WEST FL	
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	<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	
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:

Vance Kier **VANCE KIER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

305-296-7786

Date

Daytime Phone #

1/21/02

CR2E034 (9/01)