

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J05278

1. Entity Name

BANG LAND COMPANY

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90119 012 \*\*\*150.00

Principal Place of Business

C/O COLLIER FAMILY OFFICE  
3001 TAMiami TRAIL N ROOM 207  
NAPLES FL 33940  
US

Mailing Address

C/O COLLIER FAMILY OFFICE  
3001 TAMiami TRAIL N ROOM 207  
NAPLES FL 34103-4172  
US

2. Principal Place of Business

c/o Isabel Collier Read, LLC

3. Mailing Address

c/o Isabel Collier Read, LLC

Suite, Apt. #, etc.

801 Laurel Oak Dr., Suite 618

Suite, Apt. #, etc.

801 Laurel Oak Dr. Suite 618

City & State  
Naples, FL

City & State  
Naples, FL

4. FEI Number 59-2670098

Applied For

Not Applicable

Zip  
34108

Country  
USA

Zip  
34108

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEGMEYER, SUSETTE L  
3001 TAMiami TRAIL NORTH 207  
NAPLES FL 34103

Name

Tegtmeyer, Susette L.

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

801 Laurel Oak Dr.

Suite #618

City

Naples,

FL

Zip Code  
34108

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

*Susette L. Tegtmeyer*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME READ, WILLIAM A JR  
STREET ADDRESS 850 SO. COUNTY RD.  
CITY-ST-ZIP PALM BEACH FL

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

TITLE DV ☐ Delete  
NAME DONNELLY, THORNE B  
STREET ADDRESS 4 VIA VISCAYA  
CITY-ST-ZIP PALM BCH. FL

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

TITLE DV ☐ Delete  
NAME PISTNER, STEPHEN  
STREET ADDRESS 10 SEAGATE DR  
CITY-ST-ZIP NAPLES FL

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

TITLE T ☒ Delete  
NAME PITTS, KIMBERLY  
STREET ADDRESS 3001 TAMiami TRAIL N #207  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☒ Addition  
NAME T/S  
STREET ADDRESS Tegtmeyer, Susette L.  
CITY-ST-ZIP 801 Laurel Oak Dr., Suite 618  
Naples, FL 34108

TITLE S ☒ Delete  
NAME PERKOVICH, JOSEPH I  
STREET ADDRESS 3001 TAMiami TRAIL N, #207  
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ☐ Delete  
NAME  
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:

*Susette L. Tegtmeyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 596-2233  
Daytime Phone #

SUSETTE L. TEGTMEYER.

CR2E034 (9/99)