

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91172 024 \*\*\*150.00

**DOCUMENT # J05278**

1. Entity Name

**BANG LAND COMPANY**

Principal Place of Business

**C/O ISABEL COLLIER READ  
 801 LAUREL OAK DR STE 618  
 NAPLES FL 34108  
 US**

Mailing Address

**C/O ISABEL COLLIER READ  
 801 LAUREL OAK DR STE 618  
 NAPLES FL 34108  
 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 **59-2670098**

Applied For

Not Applicable

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  
 801 LAUREL OAK DR  
 STE 618  
 NAPLES FL 34108**

Name **Tammy Bowen**

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

**1601 Forum Place, Suite 906**

City **West Palm Beach** FL Zip Code **33401**

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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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 **D** ☒ Change ☐ Addition  
 NAME **Read, William A., Jr**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **TS** ☐ Change ☒ Addition  
 NAME **Bowen, Tammy**  
 STREET ADDRESS **1601 Forum Place, Suite 906**  
 CITY-ST-ZIP **West Palm Beach FL 33401**

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

TITLE **DP** ☐ Change ☒ Addition  
 NAME **Faring, John**  
 STREET ADDRESS **1601 Forum Place, Suite 906**  
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **TS** ☒ Delete  
 NAME **TEGMEYER, SUSETTE L**  
 STREET ADDRESS **801 LAUREL OAK DR STE 618**  
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE ☐ Delete  
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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 is 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: **Tammy Bowen** **Tammy Bowen** **4/15/01** **561-697-9393**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, R DIRECTOR Date Daytime Phone #

CR2E034 (10/00)