

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90180 047 ***150.00

DOCUMENT # K41672

1. Entity Name
BANANA CAY APTS., INC.

Principal Place of Business **Mailing Address**
1637 EAST VINE ST STE E **1637 EAST VINE ST STE E**
KISSIMMEE FL 34744 **KISSIMMEE FL 34744**

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 **59-2920656** **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**
TOMPKINS, THOMAS N. **Name**
1731 BOGGY CREEK ROAD **Street Address (P.O. Box Number is Not Acceptable)**
KISSIMMEE FL 34744 **City** **FL** **Zip Code**

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMPKINS, THOMAS N			NAME			
STREET ADDRESS	1731 BOGGY CREEK RD			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMPKINS, THOMAS N.			NAME			
STREET ADDRESS	1731 BOGGY CREEK ROAD			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROUNSEVILLE, ROY H.			NAME			
STREET ADDRESS	3709 S.E DOUBLETON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	STUART FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RONNSEVILLE, ROY H			NAME			
STREET ADDRESS	3709 SB DOUBLETON DR.			STREET ADDRESS			
CITY-ST-ZIP	STUART FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	KEN OIXON		
STREET ADDRESS				STREET ADDRESS	1637 EAST VINE STREET		
CITY-ST-ZIP				CITY-ST-ZIP	KISSIMMEE FL 34744		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/4/02** **NO 1**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)