

# 2000 UNIFORM BUSINESS REPORT (UBR)

001467 AF

DOCUMENT # L99000005040

1. Entity Name

BANANA WIND ISLAND RESORTS, L.L.C.

FILED

00 MAR 23 PM 3: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7101 POINT OF ROCKS CIRCLE DRIVE  
SARASOTA FL 34242

Mailing Address

7101 POINT OF ROCKS CIRCLE DRIVE  
SARASOTA FL 34242-2631

2. Principal Place of Business

536 Beach Road

3. Mailing Address

536 Beach Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip  
34242

Country

USA

City & State

Sarasota FL

Zip

34242

Country

USA

4. FEI Number

65-0980048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHAPNICK, BRUCE P ESQ.  
% ICARD, MERRILL, CULLIS, TIMM, FUREN  
2033 MAIN ST., SUITE 600  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME ABRAMS, SEAN  
STREET ADDRESS 7101 POINT OF ROCKS CIRCLE DRIVE  
CITY-ST-ZIP SARASOTA FL 34242

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10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE RE SEAN ABRAMS

3/5/00

346-9336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)