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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
03-01-2001 91326 013 ****61.25

DOCUMENT # N00000003897

1. Entity Name

BAHAMIAN NATIONAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4829 S LEE RD DELRAY BEACH FL 33445	4829 S LEE RD DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 1316 Suite, Apt. #, etc.
City & State	City & State: DELRAY BCH, FL
Zip / Country	Zip: 33447 / Country

4. FEI Number: 65-1024012 ☐ 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
RAMSEY, SABRINA 4829 S LEE RD DELRAY BEACH FL 33445	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: Sabrina Ramsey 02/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DEBBIE ESTIME 330 ROSS DR DELRAY BCH, FL 33445	☒ Delete	SECRETARY VIRGINIA LIGHTBOURNE 550 NW 12TH AVE APT D BOYNTON BCH, FL 33435	☐ Change ☐ Addition
		☐ Delete	TREASURER LYNDA CAMPBELL 227 S.W 3RD AVE DELRAY BCH, FL 33444 D/T	☐ Change ☐ Addition
		☐ Delete	EXECUTIVE DIRECTOR MICHAEL BENNEN 10010 Boynton Place Circle #128 Boynton Bch, FL 33437 D	☐ Change ☐ Addition
		☐ Delete	PUBLIC RELATIONS DIANNE CARTER 265 STERLING AVE DELRAY BCH, FL 33444 D/T	☐ Change ☐ Addition
		☐ Delete	President SABRINA RAMSEY 4829 S. Lee Rd Delray Bch, FL 33445 D	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E037 (1/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sabrina Ramsey 02/24/01 (561)496-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #