

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003897

1. Entity Name

BAHAMIAN NATIONAL ASSOCIATION, INC.

Principal Place of Business

4829 S LEE RD
DELRAY BEACH FL 33445

Mailing Address

PO BOX 1316
DELRAY BEACH FL 33447

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

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

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

(NOTE: Registered Agent signature required when reinstating)

4/19/02
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	S LIGHTHOUSE, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS	550 NW 12TH AVE APT D	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE NAME	TDT CAMPBELL, LYNDIA	<input type="checkbox"/> Delete
STREET ADDRESS	227 SW 3RD AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE NAME	EDD BENNEN, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	10010 BOYNTON PLACE CIRCLE #128	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE NAME	PRDT CARTER, DIANNE	<input type="checkbox"/> Delete
STREET ADDRESS	265 STERLING AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE NAME	PD RAMSEY, SABRINA	<input type="checkbox"/> Delete
STREET ADDRESS	4829 S LEE ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91603 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)