

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90138 016 ****61.25

DOCUMENT # T99000007345

1. Entity Name

PINECASTLE COMMERCE CENTER OWNERS' ASSOCIATION,

Principal Place of Business

5929 ANNO AVE.
 ORLANDO FL 32809

Mailing Address

5929 ANNO AVE.
 ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P. O. Box 536785

Suite, Apt. #, etc.

City & State
 Orlando, Florida

Zip
 32853-6785

Country
 USA

4. FEI Number

59-3156052

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BANKSTON, CHESTER W
5929 ANNO AVE.
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

JAMES W. BANKSTON

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

504 RAEHN ST

City

ORLANDO

FL

Zip Code

32806

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

James W. Bankston

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-2001

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

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BANKSTON, CHESTER W | |
| STREET ADDRESS | 5929 ANNO AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32809 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BAILES, CHARLES E JR. | |
| STREET ADDRESS | 5929 ANNO AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32809 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BANKSTON, JAMES W | |
| STREET ADDRESS | 5929 ANNO AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32809 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

James W. Bankston **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-2001 **407-282-5225**

00033686



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)