

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90869 034 ****61.25

DOCUMENT # N99000007345

1. Entity Name

PINECASTLE COMMERCE CENTER OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5929 ANNO AVE.
 ORLANDO FL 32809**

**P.O. BOX 536785
 ORLANDO FL 32835-6785**

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

59-3156052

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

**BANKSTON, JAMES W.
 504 RAEHN ST
 ORLANDO FL 32806**

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 \$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	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		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 Bankston*

JAMES BANKSTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/02

CR2E037 (9/01)