

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90736 023 ****61.25

0014201

DOCUMENT # N99000007345
1. Entity Name
PINECASTLE COMMERCE CENTER OWNERS' ASSOCIATION, INC.



Principal Place of Business
**5929 ANNO AVE.
ORLANDO FL 32809**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1321 Edgewater Drive
Suite, Apt. #, etc.
Suite 6

3. Mailing Address
Suite, Apt. #, etc.
City & State
Orlando, FL

City & State
Orlando, FL

Zip
32804

Country
US

Zip
32804

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1321 Edgewater Drive
Suite 6
City
Orlando, **FL** Zip Code
32804

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 Edgewater Dr., Suite 6 Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 Edgewater Dr., Suite 6 Orlando, FL-32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 JAMES W. BANKSTON 4/11/03 407-650-8802

CR2E037 (10/02)