

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000019732**

1. Entity Name

BANNERMAN PLACE, INC.**FILED****02 OCT 15 PM 1:40****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Principal Place of Business
**1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**Mailing Address
**1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

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

**APPLIED FOR
59-3629857**☒ Applied For☐ Not Applicable5. 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

SMITH, W CRIT ESQ**1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

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. 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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, KEVIN
1909 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02

Date

850-545-7244

Daytime Phone #

CR2E034 (4/02)

Attachment

Zeel 2

BANNERMAN PLACE

Meeting and Banquet Facility

1909 Capital Circle N.E.

Tallahassee FL 32308

850-671-5678

#P000000019732

September 12, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

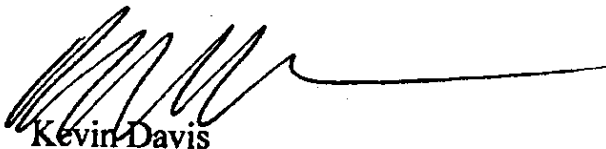
To Whom It May Concern:

Enclosed please find the 2002 UBR for Bannerman Place.

Our company never received the original UBR mailed out at the beginning of the year. We had gone through several employee turnovers during early 2002, and perhaps it was received during that transition period.

We respectfully request that the \$400.00 penalty be waived, as this was an unintended oversight. Any consideration would be greatly appreciated. I can be reached at 850-545-7244 with any questions or comments.

Thank you,


Kevin Davis