

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-10-2001 90135 047 ***150.00

DOCUMENT # P00000023152

1. Entity Name

BANYAN HAINES CITY LAND CORP.

Principal Place of Business

**8091 CANYON LAKE CIRCLE
 ORLANDO FL 32835**

Mailing Address

**8091 CANYON LAKE CIRCLE
 ORLANDO FL 32835**

2. Principal Place of Business

3. Mailing Address

8091 Canyon Lake Cr

8091 Canyon Lake Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL 32

City & State

Orlando FL 32835

4. FEI Number

59-3646220

Applied For

Not Applicable

Zip

Country

32835 USA

Zip

Country

32835 USA

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

**BLAKEMAN, TED
 8091 CANYON LAKE CIRCLE
 ORLANDO FL 32835**

Name

Ted R. Blakeman

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

8091 Canyon Lake Cr

City

Orlando

FL

Zip Code

32835

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] **AKES**

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

(NOTE: Registered Agent signature required when reinstating)

3-11-01

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	D	<input type="checkbox"/> Delete
NAME	ESPOSITI, JOSEPH	
STREET ADDRESS	2219 PALMVIEW CIRCLE	
CITY-ST-ZIP	AUBURDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKEMAN, TED R	
STREET ADDRESS	8091 CANYON LAKE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01

Date

407-947-3971

Daytime Phone #

CR2E034 (10/00)