

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90103 001 ***150.00

DOCUMENT # P00000059021

1. Entity Name
CABANA & COMPANY, INC.

Principal Place of Business
67 COLONIAL DRIVE
NAPLES FL 34112

Mailing Address
67 COLONIAL DRIVE
NAPLES FL 34112

2. Principal Place of Business
8080 Cypress Drive South
 Suite, Apt. #, etc.

3. Mailing Address
8080 Cypress Drive South
 Suite, Apt. #, etc.

City & State
FL Myers, FL
Zip **33912**
Country **Lee**

City & State
FL Myers, FL
Zip **33912**
Country **Lee**

4. FEI Number **59-3649873**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABANA, ARLENE
67 COLONIAL DRIVE
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name **Deborah M. Belyea**
Street Address (P.O. Box Number is Not Acceptable) **8080 Cypress Drive South**
City **FL Myers** **FL** **Zip Code** **33912**

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 **Deborah Belyea V.P.** **4/15/02**
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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ **Delete**
NAME **CABANA, ARLENE**
STREET ADDRESS **67 COLONIAL DRIVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VSD** ☐ **Delete**
NAME **BELYEA, DEBORAH M**
STREET ADDRESS **8080 CYPRESS DRIVE SOUTH**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ **Change** ☐ **Addition**
NAME **Arlene Cabana**
STREET ADDRESS **4589 Oaklawn Street West**
CITY-ST-ZIP **LeConte, FL 34461**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: **Deborah Belyea** **4/15/02** **941 267-4944**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)