

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093914

1. Entity Name

BANYAN MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

~~2000 MAIN STREET STE 406~~
~~SARASOTA FL 34237~~

~~2000 MAIN STREET STE 406~~
~~SARASOTA FL 34237~~

2. Principal Place of Business

8015 Midnight Pass Road

3. Mailing Address

8015 Midnight Pass Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

4. FEI Number

65-1053089

Applied For

Not Applicable

Zip

34242

Country

Zip

34242

Country

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

PARKER, THEODORE
2033 MAIN STREET STE 106
SARASOTA FL 34237

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

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 ☒ Delete
NAME ~~PARKER, THEODORE~~
STREET ADDRESS ~~2033 MAIN STREET STE 106~~
CITY-ST-ZIP ~~SARASOTA FL 34237~~

TITLE ☐ Change ☒ Addition
NAME D,P,S,T
F.A. Hamblin
STREET ADDRESS 8015 Midnight Pass Road
CITY-ST-ZIP Sarasota, Florida 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D, VP
Carolyn Hamblin
STREET ADDRESS 8015 Midnight Pass Road
CITY-ST-ZIP Sarasota, Florida 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

F.A. Hamblin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F.A. Hamblin, President

F.A. Hamblin 02/27/01 941-364-2627

Date Daytime Phone #

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90057 030 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)