## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000075245**1. Corporation Name

BAND FAMILY INVESTMENTS, INC.

| 2                                     |   |   |                             |                                |                                 |  |                   |                 |
|---------------------------------------|---|---|-----------------------------|--------------------------------|---------------------------------|--|-------------------|-----------------|
| Principal Place of Business           |   | Mailing Address   | Mailing Address             |                                |                                 |  | 19991 91119 11011 | 21301 2111 1301 |
| 240 S PINEAPPLE AVENUE                |   | 240 S PINEAPPLE AVENUE  | 240 S PINEAPPLE AVENUE      |                                |                                 |  |                   |                 |
| 10TH FLOOR                            |   | 10TH FLOOR  |                             |                                | DO NOT WIDE IN THE              | COACE  |                   |                 |
| SARASOTA FL 34236                     |   | SARASOTA FL 34236   |                             |                                | DO NOT WRITE IN THIS SPACE      |  |                   |                 |
|                                       |   |   |                             |                                |                                 | 3. Date Incorporated or Qualifed<br>08/29/1997   |                   |                 |
| 2. Principal P                        | lace of Business  | 2a. Mailing Address   |                             | 4. FEI Number                  | . Ap                            | plied For  |                   |                 |
| 21                                    |   | 26  |                             | 65-0733798                     | No                              | ot Applicable  |                   |                 |
| Suite, Apt. #, etc.                   |   | Suite, Apt. #, etc.   |                             |                                | 5. Certifcate of Status Desired | \$8.75   |                   |                 |
| 22                                    |   | 27  |                             |                                | Fee Re                          | <del></del>  |                   |                 |
| City & State                          |   | City & State  |                             | 6. Election Campaign Financing | \$5.00                          |  |                   |                 |
| 23                                    |   | 28  |                             |                                | Trust Fund Contribution         | Added 1  | to Fees           |                 |
| Zîp<br>——                             | Country   | Zíp   | Country                     | У                              |                                 | 8. This corporation owes the current year In   | itangible<br>⊠Yes | □No             |
| 24                                    | [25]  |   | 30                          |                                |                                 | Personal Property Tax.  10. Name and Address of New Registered   |                   | □ NO            |
| · · · · · · · · · · · · · · · · · · · | 9. Name and Address of Curre  | ent Registered Agent  | 81                          | 1 .                            | Name                            | 10. Name and Address of New Registered   | Agont             |                 |
| MA7                                   | ZARATANI, GEORGE H  |   | Ľ.                          | <u> </u>                       |                                 |  |                   |                 |
| 240 S PINEAPPLE AVENUE                |   |   | 82                          | 2 S                            | Street Addres                   | ss (P.O. Box Number is Not Acceptable)   |                   |                 |
| 10TH FLOOR                            |   |   | 83                          | +                              |                                 |  |                   |                 |
|                                       | ASOTA FL 34236  |   | 03                          | '                              |                                 |  |                   |                 |
| 0,0,                                  | 7.0017.12.01200   |   | 84                          | ı c                            | City                            | FI   | 85 Zip            | Code            |
|                                       |   |   |                             |                                |                                 | ration submits this statement for the purpose of   |                   | rogistored      |
| office or r                           | registered agent, or both, in the Stat<br>im familiar with, and accept the oblig<br>Signature, typed or printed name of registered ag | e of Florida. Such change was au<br>pations of, Section 607.0505, Flori | thorized by<br>ida Statutes | / the<br>s.                    | corporation                     | is board of directors. I hereby accept the appo  | entment as re     | egistered       |
| 12.                                   |   | ND DIRECTORS  | 13,                         | an oig                         | Tital o Todon oo                | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTO        | ORS IN 12       |
| TITLE                                 | 0   | ☐ DELETE  | 1.1 TITLE                   |                                |                                 |  | Change            | ☐ Addition      |
| NAME                                  | BAND, DAVID S   |   | 1.2 NAME                    |                                |                                 |  |                   |                 |
| STREET ADDRESS                        | A40 O DIMEADDLE AVE. 40TH FLOOD   |   | 1.3 STREE                   | T ADI                          | DRESS                           |  |                   |                 |
| CITY-ST-ZIP                           | SARASOTA FL 34236   |   | 1.4 CITY-5                  |                                |                                 |  |                   |                 |
| TITLE                                 | D   | ☐ DELETE  | 2.1 TITLE                   |                                |                                 |  | ☐ Change          | ☐ Addition      |
| NAME                                  | BAND, MYRNA L   | 221   |                             |                                |                                 |  |                   |                 |
| STREET ADDRESS                        | AAA O DIMEADDIE AME ACTILEI OOD   |   |                             | 2.3 STREET ADDRESS             |                                 |  |                   |                 |
|                                       | SARASOTA FL 34236   |   | 2.4 CITY-ST-ZIP             |                                |                                 |  |                   |                 |
| CITY-ST-ZIP                           |   |   | 3.1 TITLE                   | <u> </u>                       |                                 | , programme a programme of prog | Change            | Addition        |
| NAME                                  |   |   | 3.2 NAME                    |                                |                                 |  |                   |                 |
| STREET ADDRESS                        |   |   | 3.3 STREE                   | T ADI                          | DRESS .                         |  |                   |                 |
| CITY-ST-ZIP                           |   |   | 3.4. CITY-                  |                                | 1                               |  |                   |                 |
| TITLE                                 |   |   | 4.1 TITLE                   |                                |                                 |  | Change            | Addition        |
| NAME                                  |   |   | 4. 2 NAME                   | 4. 2 NAME                      |                                 |  |                   |                 |
| STREET ADDRESS                        |   |   | 4.3 STREE                   | ET ADI                         | DRESS                           |  |                   |                 |
| CITY-ST-ZIP                           |   |   | 4.4 CITY-5                  |                                |                                 |  |                   |                 |
| TITLE                                 |   |   | 5.1 TITLE                   |                                |                                 |  | Change            | Addition        |
| NAME                                  |   |   | 5.2 NAME                    |                                |                                 |  |                   |                 |
| STREET ADDRESS                        | ]   |   | 5.3 STREE                   | T ADI                          | DRESS                           |  |                   |                 |
| CITY-ST-ZIP                           |   |   | 5,4 CITY-5                  | \$T-2IF                        | P                               |  |                   |                 |
| TITLE                                 |   | ☐ DELETE  | 6.1 TITLE                   |                                |                                 |  | ☐ Change          | Addition        |
|                                       |   |   | 62 NAME                     |                                |                                 |  |                   |                 |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an abachment with an address, with all other like empowered. David S. Band

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941-366<u>-6660</u>

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90132 041 \*\*\*150.00

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