

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90322 026 \*\*\*150.00

**DOCUMENT #** P97000075245

**1. Entity Name**  
 BAND FAMILY INVESTMENTS, INC.

8626-1

**Principal Place of Business**  
 240 S. Pineapple Avenue  
 10th Floor  
 Sarasota, FL 34236

**Mailing Address**  
 P.O. Box 49938  
 Sarasota, FL 34230

553471

**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P.O. Box 49948  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
 Zip

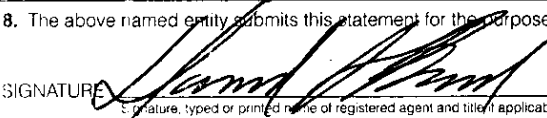
**City & State**  
 Zip

**4. FEI Number** 65-0733798

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

**6. Name and Address of Current Registered Agent**  
 BAND, DAVID S.  
 240 S. PINEAPPLE AVENUE  
 10th FLOOR  
 SARASOTA, FL 34236

**7. Name and Address of New Registered Agent**  
 Name  
 BAND, DAVID S.  
 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  **David S. Band,**  
 Registered Agent **4/16/01**


**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 1"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAND, DAVID S. 240 S. PINEAPPLE AVE - 10th FLOOR SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAND, MYRNA L. 240 S. PINEAPPLE AVE. - 10th FLOOR SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 no 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 a address, with all other like empowered.**

**SIGNATURE:**  **David S. Band, Director** **4/16/01** **(941) 366-6660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)