

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103105

1. Entity Name
BEVAN & CO. INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90517 001 ***317.50

Principal Place of Business
5776 ENTERPRISE PKWY
FT MYERS FL 33905
US

Mailing Address
PO BOX 60777
FORT MEYERS FL 33906

73608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0800526

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BEVAN, ANDREW
1200 MASANABO LANE
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Jane Bevan

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

1200 Masanabo Lane

City

Fort Myers

FL

Zip Code

33919

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

Jane Bevan

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

(NOTE: Registered Agent's signature required when reinstating)

5/1/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NO. 001
After MAY 1, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BEVAN, ANDREW	
STREET ADDRESS	1200 MASANABO LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEVAN, BRIAN	
STREET ADDRESS	1200 MASANABO LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEVAN, JANE	
STREET ADDRESS	1200 MASANABO LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEVAN, LISA	
STREET ADDRESS	1200 MASANABO LANE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Jane Bevan

Jane Bevan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

941939-4900

Daytime Phone #