

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024085

1. Entity Name

FLORIDA CARMINIUMS, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90062 026 \*\*\*150.00

Principal Place of Business

Mailing Address

LITTLE HICKORY ISLAND  
25810 HICKORY BLVD. #E-207  
BONITA SPRINGS FL 34134

LITTLE HICKORY ISLAND  
25810 HICKORY BLVD. #E-207  
BONITA SPRINGS FL 34134-3640



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

22-3643605

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

7. Name and Address of New Registered Agent

DAVIES, CHRISTOPHER N ESQ.  
12601 WORLD PLAZA LANE  
SUITE 2  
FORT MYERS FL 33907

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, 2000 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	BIANCANIELLO, ANTHONY J	
STREET ADDRESS	185 HILLSIDE AVENUE	
CITY-ST-ZIP	WILLSTON PARK NY 11596	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, RAYMOND J	
STREET ADDRESS	RD#1 REMSEN LANE	
CITY-ST-ZIP	UPPER BROOKVILLE NY 11771	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIANCANIELLO, ELIZABETH M	
STREET ADDRESS	185 WHITEHALL BOULEVARD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIANCANIELLO, JOSEPH H	
STREET ADDRESS	185 WHITEHALL BOULEVARD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCANIELLO, ELIZABETH M	
STREET ADDRESS	186 WHITEHALL BOULEVARD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCANIELLO, JOSEPH H	
STREET ADDRESS	186 WHITEHALL BOULEVARD	
CITY-ST-ZIP	GARDEN CITY NY 11530	
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		
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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00 977 2494080  
Date Daytime Phone #

CR2E034 (9/99)