

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057752

1. Entity Name

BANYAN CONSTRUCTION OF NAPLES INC

Principal Place of Business

Mailing Address

7380 Stonegate Dr
Naples FL 34109

FILED

01 MAY 31 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

7380 Stonegate Dr

7380 Stonegate Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-3585575

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

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

ALFRED SAHAPOGLU
7380 Stonegate Dr
Naples FL 34109

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

5/30/01

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 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
ALFRED SAHAPOGLU
7380 STONEGATE DR
NAPLES FL 34109

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT 2000-01

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary/Treasurer
Melissa Sahapoglu
7380 Stonegate Dr
Naples FL 34109

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200004418122--8

-06/13/01--01078--007

*****550.00 *****550.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200004418122--8

-06/13/01--01078--008

*****350.00 *****350.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01

Date

941-991-0617

Daytime Phone #

CR2E034 (11/00)