

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90027 026 \*\*\*158.75

DOCUMENT # S60774

1. Entity Name

BANWICKMEN OF BAY MINETTE, INC.

Principal Place of Business

2500 N.W. 55TH COURT  
 #210  
 FORT LAUDERDALE FL 33309  
 US

Mailing Address

2500 N.W. 55TH COURT  
 #210  
 FORT LAUDERDALE FL 33309  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0274429

Applied For

Not Applicable

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

CORPORATION INFORMATION SERVICES, INC.

1201 HAYES STREET  
 TALLAHASSEE FL 32301

Name

Phillip W. Bangerter

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

2500 N.W. 55th Court, Suite 210

City

Fort Lauderdale FL

Zip Code

33309

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

ICOB

Phillip W. Bangerter, Sec. Treas of

2/28/02

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

(NOTE: Registered Agent signature required when reinstating)

BANWICKMEN OF BAY MINETTE, INC.

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, 2002 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	DST	<input type="checkbox"/> Delete
NAME	BANGERTER, PHILLIP W	
STREET ADDRESS	617 FIFTH KEY DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HICKMAN, RANDAL D	
STREET ADDRESS	347 FIFTH KEY DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WINN, GREGORY M.	
STREET ADDRESS	617 6TH KEY DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2500 N.W. 55th Court, Suite 210	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2500 N.W. 55th Court, Suite 210	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2500 N.W. 55th Court, Suite 210	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
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		<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:

ICOB  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip W. Bangerter, Sec. Treas (954) 737-4445  
 Date Daytime Phone #

CR2E034 (9/01)