

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90103 001 \*\*\*150.00

**DOCUMENT # P00000059021**  
 1. Entity Name  
**CABANA & COMPANY, INC.**

Principal Place of Business      Mailing Address  
**67 COLONIAL DRIVE**                      **67 COLONIAL DRIVE**  
**NAPLES FL 34112**                      **NAPLES FL 34112**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**8080 Cypress Drive South**              **8080 Cypress Drive South**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
 **Ft. Myers, FL**                       **Ft. Myers, FL**

4. FEI Number      Applied For  
**59-3649873**                       Not Applicable

Zip      Country      Zip      Country  
**33912**      **Lee**                      **33912**      **Lee**

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

6. Name and Address of Current Registered Agent  
**CABANA, ARLENE**  
**67 COLONIAL DRIVE**  
**NAPLES FL 34112**

7. Name and Address of New Registered Agent  
 Name **Deborah M. Belyea**  
 Street Address (P.O. Box Number is Not Acceptable) **8080 Cypress Drive South**  
 City  **Ft. Myers**      **FL**      Zip Code **33912**

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 **Deborah Belyea**      **V.P.**      DATE **4/15/02**  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CABANA, ARLENE	
STREET ADDRESS	67 COLONIAL DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BELYEA, DEBORAH M	
STREET ADDRESS	8080 CYPRESS DRIVE SOUTH	
CITY-ST-ZIP	FT MYERS FL 33912	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arlene Cabana	
STREET ADDRESS	4589 Oaklawn Street West	
CITY-ST-ZIP	LeConte, FL 34461	
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: **Deborah Belyea**      **SIGNATURE REQUIRED**      DATE **4/15/02**      DAYTIME PHONE # **941 267-4944**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)