

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90113 009 ****61.25

DOCUMENT # 716578

1. Entity Name

TARPON CENTER VILLAS, INC.

Principal Place of Business

% PALM REALTY
 101 CAPRI ISLES BLVD.
 VENICE FL 34292

Mailing Address

% PALM REALTY
 101 CAPRI ISLES BLVD.
 VENICE FL 34292-3053

2. Principal Place of Business

% CPMI

Suite, Apt. #, etc.

101 Capri Isles Blvd, Suite #4

City & State

Venice, FL

Zip
 34292

Country

USA

3. Mailing Address

% CPMI

Suite, Apt. #, etc.

101 Capri Isles Blvd Suite #4

City & State

Venice, FL

Zip

34292

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1325385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CROSS, DARLENE
 PALM REALTY
 200 CAPRI ISLES BLVD
 VENICE FL 34292

7. Name and Address of New Registered Agent

Name
 Green, Debbie

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

% CPMI

101 Capri Isles Blvd, Suite #4

City

Venice

FL

Zip Code

34292

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

Debbie Green

Debbie Green

3/10/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, LILLIAN	
STREET ADDRESS	905 GIBBS RD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LYNN	
STREET ADDRESS	8211 HICKORY ROAD	
CITY-ST-ZIP	LINCOLN NE 68510	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FONTAINE, MARY	
STREET ADDRESS	907A GIBBS ROAD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOCKWOOD, SANDRA	
STREET ADDRESS	911-A GIBBS ROAD #11	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELSINSKI, RAY	
STREET ADDRESS	P O BOX 250472 N/A	
CITY-ST-ZIP	FRANKLIN MI 48025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGregor, Larry	
STREET ADDRESS	903A Gibbs Rd	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickens, Rue	
STREET ADDRESS	905 Gibbs Rd	
CITY-ST-ZIP	Venice, FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

L McGregor 3/10/00

Date

Daytime Phone #

941-482-0449

CR2E037 (9/99)