

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90525 025 ***61.25

DOCUMENT # 716578

1. Entity Name

TARPON CENTER VILLAS, INC.

RECEIVED JAN - 2 2003



Principal Place of Business

C/O CPMI
PO BOX 8065
VENICE FL 34292
US

Mailing Address

C/O CPMI
PO BOX 8065
VENICE FL 34292
US

2. Principal Place of Business

900 GIBBS RD.

3. Mailing Address

C/O ANTADES GROUP, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 8065

City & State

VENICE, FL

City & State

NORTH PORT, FL

Zip
34285

Country
USA

Zip
34287

Country
USA

4. FEI Number **59-1325385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GREEN, DEBBIE
C/O CPMI
4284 SUNBURST AVENUE
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name
ANTADES GROUP, INC.
Street Address (P.O. Box Number is Not Acceptable)
14401 S. TAMiami Tr., Ste. 2
City
NORTH PORT FL Zip Code
34287

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cynthia C. Barber **CYNTHIA C. BARBER**

01.17.03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, LILLIAN	
STREET ADDRESS	905 GIBBS RD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGREGOR, LARRY	
STREET ADDRESS	903A GIBBS RD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FONTAINE, MARY	
STREET ADDRESS	907A GIBBS ROAD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKENS, RUE	
STREET ADDRESS	905 GIBBS ROAD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, JOHN	
STREET ADDRESS	911 A GIBBS RD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
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	
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	

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: *Lawrence McGregor* **Lawrence McGregor** **01.18.03** **941-422-8644**

CR2E037 (10/02)