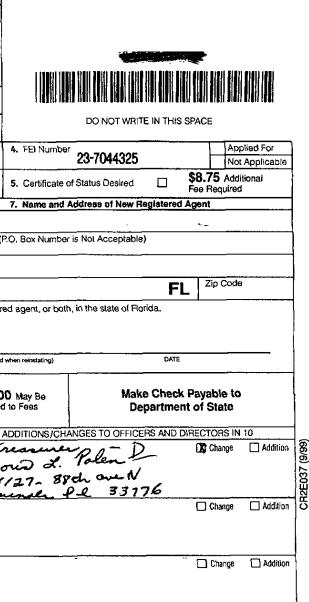
4/13 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 720482** 1. Entity Name TAMARAC BY-THE-GULF, INC. Principal Place of Business Mailing Address 9099 141ST ST N 9099 141ST ST N SEMINOLE FLA 33776-2008 SEMINOLE FL 33776 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 23-7044325 Zip Country Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 5999 CENTRAL AVE., SUITE 104 ST PETERSBURG FL 33710 City 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 argnature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees . FEE IS \$61,25 10. OFFICERS AND DIRECTORS 11. TD TITLE Delete TITLE LEBARON, DORIS NAME NAME 14/27- 88th ove N STREET ADORESS 14071 90TH PLACE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Delete TITLE

FILED May 16, 2000 8:00 am Secretary of State

04-13-2000 90075 031 ****61.25



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 occiporation 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 addyss, with all other like propovered.

NAME

TITLE

NAME STREET ADDRESS

TITLE

Delete

Delete

Delete

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY - ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

VOGEL, JOHN J

REED, PAUL S

9234 141ST ST N.

SEMINOLE FL 33776

14103 87TH AVE N.

SEMINOLE FL 33776 CS - /) LOVELACE, RUTH A

9121 140TH WAY N.

GAMBLE, WILLIAM

9097 140TH WAY N

SASAKI, BARBARA

14167 90TH AVE N

<u>seminole fl</u> RS — *D*

SEMIMNOLE FL 33776

NAME

TITLE .

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGN! PLWY WOSELIRED

3/24/00 727-596-567 S

☐ Change

Change

Change

☐ Addition

Addition

☐ Addition