2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
01-25-2001 90098 019 ****61.25

DOCUMENT # 720482

1. Entity Name

TAMARAC BY-THE-GULF, INC.

Principal Place of Business	Mailing Address
9099 141ST ST N SEMINOLE FL 33776 US	9099 141ST ST N SEMINOLE FL 33776 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7044325 — 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
BECKER & POLIAKOFF, P.A. 5999 CENTRAL AVE., SUITE 104 ST PETERSBURG FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Paul Reed — Feb 5, 2001

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Delete LEBARON, DORIS 14127 88TH AVENUE NORTH SEMINOLE FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☐ Change ☒ Addition Don McNamara 8757 - 140th way N Seminole Fl 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Delete VOGEL, JOHN J 9234 141ST ST N. SEMINOLE FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Change ☐ Addition Bud Gamble 9210 - 140th Ln Seminole Fl 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☒ Delete REED, PAUL S 14103 87TH AVE N. SEMINOLE FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Change ☐ Addition Reed - Paul S 14103 87th ave N Seminole Fl 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD ☐ Delete LOVELACE, RUTH A 9121 140TH WAY N. SEMIMNOLE FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD ☒ Delete SASAKI, BARBARA 14167 90TH AVE N SEMINOLE FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD ☐ Change ☐ Addition Gene Brown 8605 - 141st Way N Seminole Fl 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED Paul Reed 727-598-4386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #