

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90950 040 ***150.00

DOCUMENT # F16351

1. Entity Name
TAMARAC CLUB, INC.

Principal Place of Business 7620 MARKET STREET P O BOX 9128 YOUNGSTOWN OH 44513-9128 US	Mailing Address 7620 MARKET STREET P O BOX 9128 YOUNGSTOWN OH 44513-9128 US
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2. Principal Place of Business 100 DEBARTOLO PLACE P.O. BOX 9436 Suite, Apt. #, etc. SUITE 300	3. Mailing Address SAME AS # 2 Suite, Apt. #, etc.
City & State YOUNGSTOWN OH	City & State
Zip 44513	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1326688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEBARTOLO, MARIE D 7620 MARKET ST YOUNGSTOWN, OH 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAVENPORT, LYNN E. 7620 MARKET ST YOUNGSTOWN, OH 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOLFCAL, ARTHUR D JR 7620 MARKET STREET YOUNGSTOWN OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, JAMES F. 7620 MARKET ST. YOUNGSTOWN OH <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUBREY B. HARWELL, JR. 100 DEBARTOLO PLACE SUITE 300 YOUNGSTOWN, OH 44513 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD W. MURANSKY 100 DEBARTOLO PLACE SUITE 300 YOUNGSTOWN, OH 44513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY LOCKHART 100 DEBARTOLO PLACE SUITE 300 YOUNGSTOWN, OH 44513 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Lynn E. Davenport* **LYNN E. DAVENPORT** **4-17-01** **330-729-9832**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (10/00)