

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90159 030 \*\*\*150.00

**DOCUMENT # M84387**

1. Entity Name

**TAMARAC, INC.**

Principal Place of Business

Mailing Address

% L. FRANK CHOPIN  
 440 ROYAL PALM WAY, STE. 200  
 PALM BEACH FL 33480  
 US

% L. FRANK CHOPIN  
 440 ROYAL PALM WAY, STE. 200  
 PALM BEACH FL 33480-4142  
 US

2. Principal Place of Business

3. Mailing Address

**505 S. Flagler Drive**

**505 S. Flagler Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

**Suite 300**

City & State

City & State

**West Palm Beach, FL**

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401**

**USA**

**33401**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0113023**

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

**CHOPIN, L. FRANK  
 CHOPIN, MILLER & YUDENFREUND  
 440 ROYAL PALM WAY, STE 200  
 PALM BEACH FL 33480**

Name

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

**505 S. Flagler Drive, Suite 300**

City

**West Palm Beach**

**FL**

Zip Code

**33401**

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 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, 2000 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHOPIN, L. FRANK</b>
STREET ADDRESS	<b>440 ROYAL PALM WAY, STE 200</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
TITLE	<b>PDS</b> <input type="checkbox"/> Delete
NAME	<b>GARDNER, CLAIRE B.</b>
STREET ADDRESS	<b>315 S. LAKE DRIVE</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>505 S. Flagler Drive, Suite 300</b>
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
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	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/00**

**(561) 653-9500**

CR2E034 (9/99)