

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90009 018 ***550.00

DOCUMENT # **M84387**

1. Entity Name
TAMARAC, INC.



Principal Place of Business
**505 S FLAGLER DR
STE 300
WEST PALM BEACH FL 33401
US**

Mailing Address
**505 S FLAGLER DR
STE 300
WEST PALM BEACH FL 33401
US**



2. Principal Place of Business

315 South Lake Drive

3. Mailing Address

315 South Lake Drive

Suite, Apt. #, etc.
PHB

Suite, Apt. #, etc.
PHB

City & State
Palm Beach, FLA.

City & State
Palm Beach FLA.

Zip
33480

Country
USA

Zip
33480

Country
USA

4. FEI Number
65-0113023

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

**CHOPIN, L. FRANK
505 S FLAGLER DR
STE 300
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
Claire B. Gardner
Street Address (P.O. Box Number is Not Acceptable)
315 South Lake Drive, PHB
City
Palm Beach FL Zip Code
33480

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 **Claire B. Gardner - President** DATE **6/30/03**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOPIN, L. FRANK 505 S FLAGLER DR STE 300 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GARDNER, CLAIRE B. 315 S. LAKE DRIVE PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albert L. Wheeler 74 Beech Hill Circle lake PLACD, N.Y. 12946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Constance Wheeler Geister 255 Bahama Lane Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **Claire B. Gardner** Pres. DATE **6/30/03** Daytime Phone # **561-655-8197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)