

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31615

1. Entity Name

TARA VERANDAS ONE, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90075 002 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 10067
 BRADENTON FL 34282

P.O. BOX 10067
 BRADENTON FL 34282-0067

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

65-0125428

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMONY MANAGEMENT
 4400 EL CONQUISTADOR PKWY
 BRADENTON FL 34280

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

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	D	<input type="checkbox"/> Delete
NAME	BRANDON, CHARLES	
STREET ADDRESS	6807 57TH RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MUSSER, RANDY	
STREET ADDRESS	6713 57TH RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOURKE, JAMES	
STREET ADDRESS	6713 57TH RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURTZ, HADLEY	
STREET ADDRESS	6713 STONE RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Kurzman	
STREET ADDRESS	6713 Stone River Road	
CITY-ST-ZIP	Bradenton, FL 34203	
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		

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: *Tom Kurzman* **REQUIRE**

1/13/00

941-758-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)