

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0053350

04-09-2002 90029 047 ****61.25

DOCUMENT # N31615

1. Entity Name

TARA VERANDAS ONE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10067
 BRADENTON FL 34282

P.O. BOX 10067
 BRADENTON FL 34282

2. Principal Place of Business

3. Mailing Address

HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
 City & State
BRADENTON, FL 34210

HARMONY MANAGEMENT
 Suite 4400
4400 EL CONQUISTADOR PKWY
 City & State
BRADENTON, FL 34210



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0125428

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 _____ (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	PD	<input checked="" type="checkbox"/> Delete
NAME	MUSSER, RANDY	
STREET ADDRESS	6713 57TH RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OIROURKE, JAMES	
STREET ADDRESS	6713 57TH RIVER RD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KNUZMAN, TOM	
STREET ADDRESS	713 STONERIVER RD	
CITY-ST-ZIP	BRADENTON FL 34203	
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		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia melberth	
STREET ADDRESS	6713 Stone river rd	
CITY-ST-ZIP	Bradenton FL 34203	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen O'Grady	
STREET ADDRESS	6713 Stone river rd	
CITY-ST-ZIP	Bradenton FL 34203	
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Kord	
STREET ADDRESS	116 Saxon rd	
CITY-ST-ZIP	P. Hsburgh PA 15241	

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: Thomas D. Kuzman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02
 Date Daytime Phone #

CR2E037 (9/01)