

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90309 019 ****61.25

708182



DO NOT WRITE IN THIS SPACE

DOCUMENT # N35971
 1. Entity Name
TARA VERANDAS TWO, INC.

Principal Place of Business P.O. BOX 10067 BRADENTON FL 34282	Mailing Address P.O. BOX 10067 BRADENTON FL 34282
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0165328	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON FL 34282

7. Name and Address of New Registered Agent
 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

TITLE NAME	DP BEDESSEM, PETER	<input type="checkbox"/> Delete
STREET ADDRESS	6609 STONE RIVER RD, 206	
CITY-ST-ZIP	BRADENTON FL	
TITLE NAME	D WACHTER, WILBER	<input type="checkbox"/> Delete
STREET ADDRESS	6609 STONE RIVER ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE NAME	DT STANZ, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	6707 STONE RIVER RD, 205	
CITY-ST-ZIP	BRADENTON FL	
TITLE NAME	D S STAFFORD, MALCOLM	<input type="checkbox"/> Delete
STREET ADDRESS	6609 STONE RIVER ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED** 2-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)