## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N93000000232 Mar 10, 2000 8:00 am **Secretary of State** THE FRENCH QUARTERS AT TARA HOMEOWNERS ASSOCIATI 03-10-2000 90008 016 \*\*\*\*61.25 Mailing Address Principal Place of Business 7016 CHICKASAW BAYOU 7016 CHICKASAW BAYOU **BRADENTON FL 34203 BRADENTON FL 34203-7875** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0584238 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RHEINGOLD, MARILYN 7016 CHICKASAW BAYOU BRADENTON FL 34203 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change Addition TITLE ☐ Delete TITLE NAME NAME KAVIS, JOHN STREET ADDRESS STREET ADDRESS 6922 CHICKASAW BAYOU CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** VD ☐ Delete Change Addition TITLE TITLE LEONARD, LUKE NAME NAME STREET ADDRESS STREET ADDRESS 7024 CHICKASAW BAYOU CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL-34203** ☐ Change ☐ Addition TITLE TITLE TD ☐ Delete NAME RHEINGOLD, MARILYN NAME STREET ADDRESS STREET ADDRESS 7016 CHICKASAW BAYOU CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 ☐ Change ☐ Addition ☐ Delete TITLE MCALEAR, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS 7012 CHICKASAW BAYOU CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 ☐ Change ☐ Delete TITLE Addition TITLE SHUFORD, SALLY NAME NAME STREET ADDRESS STREET ADDRESS 7008 CHICKASAW BAYOU CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST ZIP

Dentify 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 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 contact on the receiver or trustee empowered be execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000 (94)-727-9774