

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001034

1. Entity Name AMENDED
TARPON Tower, Inc

FILED

01 JUN 13 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

255 S. Orange Ave

3. Mailing Address

Suite, Apt. #, etc.

#1255

SAME

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

87.0494366

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

MARY B. SHARP
255 S. Orange Ave
#1255
Orlando, FL 32801

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 Mary B. Sharp Pres.

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00.
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Pres. ☐ Delete
NAME MARY B. SHARP
STREET ADDRESS 255 S. Orange Ave Suite 1255
CITY-ST-ZIP Orlando FL 32801

TITLE Vice President ☐ Delete
NAME Finley M. Hamilton
STREET ADDRESS 255 S. Orange Ave Suite 1255
CITY-ST-ZIP Orlando FL 32801

TITLE Sec/Treas ☐ Delete
NAME Michelle Brown
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE LS ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Senior Vice Pres. ☒ Change ☐ Addition
NAME Finley M. Hamilton
STREET ADDRESS 255 S. Orange Ave Suite 1255
CITY-ST-ZIP Orlando, FL 32801

TITLE Sec/Treas ☐ Change ☒ Addition
NAME John F. Ford
STREET ADDRESS 255 S. Orange Ave Suite 1255
CITY-ST-ZIP Orlando, FL 32801

TITLE C.E.O. ☐ Change ☒ Addition
NAME Kelley Juancovich
STREET ADDRESS 255 S. Orange Ave Suite 1255
CITY-ST-ZIP Orlando, FL 32801

TITLE Director ☐ Change ☒ Addition
NAME Michelle King
STREET ADDRESS 255 S. Orange Ave Suite 1255
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400004449514--7
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*****61.25 *****61.25

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY B. SHARP Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)