

2001 UNIFORM BUSINESS REPORT (UBR)

(AMENDED)

DOCUMENT #

212998

1. Entity Name

Tarpon Plaza, Inc.

Principal Place of Business

Mailing Address

1650 Seabreeze Drive
PO Box 7
Tarpon Springs, FL 34689

3117 Harvest Moon Drive
Palm Harbor, FL 34683

2. Principal Place of Business

1200 Druid Road South

3. Mailing Address

1200 Druid Road South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

36-6081369

Applied For

Not Applicable

Zip

33757

Country

USA

Zip

33757

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Michael Cantonis
1650 Seabreeze Drive
Tarpon Springs, FL 34689

7. Name and Address of New Registered Agent

Name

Larry F. Harmon

Street Address (P.O. Box Number is Not Acceptable)

1200 Druid Road South

City
Clearwater

FL

Zip Code
33757

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

6/10/01

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	PD	<input checked="" type="checkbox"/> Delete
NAME	Michael G. Cantonis	
STREET ADDRESS	1650 Seabreeze Drive	
CITY-ST-ZIP	Tarpon Springs, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	George Cantonis	
STREET ADDRESS	205 Bayview Drive	
CITY-ST-ZIP	Belleair, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Anastasia Cantonis	
STREET ADDRESS	1650 Seabreeze Drive	
CITY-ST-ZIP	Tarpon Springs, 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holly H. Duncan	
STREET ADDRESS	1200 Druid Road South	
CITY-ST-ZIP	Clearwater, FL 33757	
TITLE	Treasurer and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry F. Harmon	
STREET ADDRESS	1200 Druid Road South	
CITY-ST-ZIP	Clearwater, FL 33757	
TITLE	Secretary and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary V. Matula	
STREET ADDRESS	1200 Druid Road South	
CITY-ST-ZIP	Clearwater, FL 33757	
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		

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 other like empowered.

SIGNATURE:

Larry F. Harmon

Larry F. Harmon, Treasurer

6/20/01 (727) 461-8660

CR2E034 (11/00)