

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 511455

1. Entity Name

TAX MANAGEMENT SYSTEMS, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90061 011 ***150.00

Principal Place of Business

Mailing Address

1617 N. FEDERAL HWY
P.O. BOX 1380
LAKE WORTH FL 33460

1617 N. FEDERAL HWY
P.O. BOX 1380
LAKE WORTH FL 33460-1380

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1680713

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

VONDRAK, RICHARD B
13 SABLE ISLAND DR
LAKE WORTH, FL
OCEAN RIDGE FL 33435

2580 So OCEAN BLVD
PALM BEACH
FL 33480

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS VONDRAK, RICHARD B
CITY-ST-ZIP 13 SABLE ISLAND DR
OCEAN RIDGE, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2580 So. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME SD
STREET ADDRESS BURNETT, NEWTON
CITY-ST-ZIP 11811 AVE. OF P.G.A.
PALM BCH. GARDENS FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS MACZTY, D
CITY-ST-ZIP 1617 N DED HWY
LK WORTH FL 33460

TITLE ☒ Change ☐ Addition
NAME DOUGLAS MCCARTY
STREET ADDRESS 1617 N. FEDERAL HWY
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE ☐ Delete
NAME TD
STREET ADDRESS POLK, L
CITY-ST-ZIP 1617 N FED HWY
LK WORTH FL 33460

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 March 00

561-588 8883

Date

Daytime Phone #

CR2E034 (9/99)