2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # 731162 1. Entity Name THE TAMARIND, INC. 02-08-2001 90061 023 ****61.25 Mailing Address Principal Place of Business 6665 N. OCEAN BLVD 6665 N. OCEAN BLVD 013070 OCEAN RIDGE FL 33435 OCEAN RIDGE FL 33435-3329 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1558803 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, ERIK J 1171 N. OCEAN BLVD **GULF STREAM FL 33483** Zip Code City 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** \Box Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ٧D TITLE TITLE Delete BYRNE, EDMUND NAME NAME STREET ADDRESS STREET ADDRESS 6665 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP OCEAN RIDGE FL 33435 Change ☐ Addition ☐ Delete TITLE TITLE FRY, LLOYD NAME NAME STREET ADDRESS 6665 N'OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCEAN RIDGE FL 33435 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BARTHOLOMEW, A P NAME NAME STREET ADDRESS STREET ADDRESS 6665 N OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP OCEAN RIDGE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE GARLICK, PATRICA NAME NAME STREET ADDRESS STREET ADDRESS 6665 N OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP OCEAN RIDGE FL Addition ☐ Delete ☐ Change TITLE TITLE CLARK, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 6665 N OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP OCEAN RIDGE FL Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.