

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90070 001 ****61.25

DOCUMENT # 731162

1. Entity Name

THE TAMARIND, INC.

Principal Place of Business

Mailing Address

6665 N. OCEAN BLVD
 OCEAN RIDGE FL 33435

6665 N. OCEAN BLVD
 OCEAN RIDGE FL 33435-3329
 US

B0098300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1558803

Applied For

Not Applicable

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

SMITH, ERIK J
1171 N. OCEAN BLVD
GULF STREAM FL 33483

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: FRY, LLOYD Delete
 STREET ADDRESS: 6665 N OCEAN BLVD
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: PD
 NAME: MARCON, FRED Change Addition
 STREET ADDRESS: 6665 N OCEAN BLVD
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: TD
 NAME: BARTHOLOMEW, A P Delete
 STREET ADDRESS: 6665 N OCEAN BLVD
 CITY-ST-ZIP: OCEAN RIDGE FL

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

TITLE: SD
 NAME: GARLICK, PATRICK Delete
 STREET ADDRESS: 6665 N OCEAN BLVD
 CITY-ST-ZIP: OCEAN RIDGE FL

TITLE: UPD
 NAME: BENISCH, JOHN Change Addition
 STREET ADDRESS: 6665 N OCEAN BLVD
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE: D
 NAME: CLARK, JAMES Delete
 STREET ADDRESS: 6665 N OCEAN BLVD
 CITY-ST-ZIP: OCEAN RIDGE FL

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

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

TITLE: D
 NAME: DONOVAN, LARRY Change Addition
 STREET ADDRESS: 6665 N OCEAN BLVD
 CITY-ST-ZIP: OCEAN RIDGE FL 33435

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Delete

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

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.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FRED MARCON**

4/10/02 (811) 733-6882

CR2E037 (9/01)