


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90362 013 ****61.25

DOCUMENT # 731162

1. Entity Name
THE TAMARIND, INC.



Principal Place of Business
**6665 N. OCEAN BLVD
OCEAN RIDGE FL 33435**

Mailing Address
**6665 N. OCEAN BLVD
OCEAN RIDGE FL 33435-3329
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1558803**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCOIS, FRED	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARTHOLOMEW, A P	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	BENISCH, JOHN	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, JAMES	
STREET ADDRESS	6665 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOVOVAN, LARRY	
STREET ADDRESS	6665 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCOIS, FRED	
STREET ADDRESS	6665 N. OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Larry Dovovan **REQUIRED** 4/29/03 (S.O.)

CR2E037 (10/02)