

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760380

1. Entity Name

TARPON BAY YACHT CLUB CONDOMINIUM E ASSOCIATION,

Principal Place of Business

3100 PRUITT RD
PORT ST LUCIE FL 33452

Mailing Address

3100 PRUITT RD
PORT ST LUCIE FL 34952-5901

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

59-2169000

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

TEDDER, GERALD H
3100 PRUITT RD
E-303
PT ST LUCIE FL 34952

Name

SAME

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

Gerald H Tedder President

3/3/00

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	☐ Delete
NAME	TEDDER, GERALD H	
STREET ADDRESS	3100 PRUITT RD	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	VPD	☐ Delete
NAME	BROWN, SAMUEL	
STREET ADDRESS	3100 PRUITT ROAD E-301	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	STD	☐ Delete
NAME	DENDIEVEL, JANE	
STREET ADDRESS	3100 PRUITT RD E-302	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	D	☐ Delete
NAME	SHAW, DOROTHY	
STREET ADDRESS	3100 PRUITT RD E101	
CITY-ST-ZIP	PT ST LUCIE FL	
TITLE	STD	☐ Delete
NAME	DENDIEVEL, JANE	
STREET ADDRESS	3100 PRUITT RD E-302	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	☐ Delete
NAME	SHAW, DOROTHY	
STREET ADDRESS	3100 PRUITT RD E-101	
CITY-ST-ZIP	PT. ST LUCIE FL 34952	

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

Gerald H Tedder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

335-8600

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90108 047 ****61.25