2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 11, 2000 8:00 am Secretary of State **DOCUMENT # 765343** 1. Entity Name TARPON MEDICAL AND PROFESSIONAL CENTER CONDOMINI 03-02-2000 90076 012 ****61.25 Principal Place of Business Mailing Address 1469 VENTNOR AVE 1501 ALT US 19 SO TARPON SPGS FL 34689 TARPON SPGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2472186 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TOBEY, JOAN 1469 VENTOR AVE TARPON SPGS FL 34689 City 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 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be , 🗀 Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐1 Delete TITLE ☐ Change STARKEY, TREY NAME NAME STREET ADDRESS STREET ADDRESS 12959 SR 54 CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 Equabal Kalani. MD 1 1501 US ALT 19 So Swite B Addition Delete TITLE TITLE FAIRBANKS, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 425 MARINER DR Tarpon Springs FL 34689 CITY-ST-ZIP CITY-ST-7IP TARPON SPRINGS FL 34689 ☐ Change ☐ Addition TITLE JS Delete TITLE NAME HOGAN, WILLIAM STREET ADDRESS STREET ADDRESS 2076 S POINTE DR CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP 12. I hereby certify that the information supplied with this filling 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: WELLATING HOUSE DED WILLIAM HOGAN - Secretary (27) 938-3058

BIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

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IAF	ASSOCIATION, INC. 1469 VENTNOR AVE. TARPON SPRINGS, FL. 34689	IONAL		1006	63-1269/631
PAY TO THE ORDER OF_\	Department of State		DATE	02/28/00 \$/	125
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 FOR <i>2004</i>	The Huntington National Bank Hunting Orlando, Florida 32802 UBR # 765343, TEI # 59-2872	anks	Quan Ta	Zy	
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DOC# 765343

August 1, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Reference: 765343

A letter was received in March 2000 stating that the check totaling \$61.25 was received. It requested that a "D" of "T" be placed by each director. That letter was returned to you. Subsequent to that we have received the UBR form again. It is attached, along with a copy of the check that was previously processes.

Thank you in advance for your assistance.

Joan Tobey
Manager,

Tarpon Medical & Professional Condominium Association, Inc.