

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007150 AT

DOCUMENT # A01000000993

1. Entity Name

CLUB TAN, LIMITED PARTNERSHIP

FILED

LF

02 APR 25 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

3338 COUNTRY MEADOW LANE  
PACE FL 32571

Mailing Address

3338 COUNTRY MEADOW LANE  
PACE FL 32571

2. Principal Place of Business

3059 Gulf Breeze Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Zip

32561

Country

USA

Zip

Country

4. FEI Number

59-3732888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

ANASTON, KEVIN B  
3338 COUNTRY MEADOW LANE  
PACE FL 32571

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME ANASTON, KEVIN B  
STREET ADDRESS 3338 COUNTRY MEADOW LANE  
CITY-ST-ZIP PACE FL 32571

DOCUMENT #  
NAME SABLETTE ANASTON, EVELYN JOY R  
STREET ADDRESS 3338 COUNTRY MEADOW LANE  
CITY-ST-ZIP PACE FL 32571

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 20 2002

(850)

994-9029

Date

Daytime Phone #