


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A01000000993

1. Entity Name  
**CLUB TAN, LIMITED PARTNERSHIP**



**FILED**  
03 APR 28 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
3059 GULF BREEZE PKWY  
GULF BREEZE FL 32561

Mailing Address  
3059 GULF BREEZE PKWY  
GULF BREEZE FL 32561

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip 32563 Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip 32563 Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3732888** Applied For  
Not Applicable

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

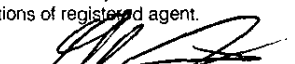
**6. Name and Address of Current Registered Agent**

**ANASTON, KEVIN B**  
3338 COUNTRY MEADOW LANE  
PACE FL 32571

**7. Name and Address of New Registered Agent**

Name **Kevin B. ANASTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**4440 Soundside Drive**  
City **Gulf Breeze** FL Zip Code **32563**

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  **Kevin B. ANASTON** DATE **4/23/04**

9. Capital Contributions as Shown on record. **\$500.00**


10. Amount of Capital Contributions in FLORIDA to date. **\$500.00**

11. **MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ANASTON, KEVIN B	STREET ADDRESS	4440 Soundside Drive
NAME	3338 COUNTRY MEADOW LANE	CITY-ST-ZIP	Gulf Breeze FL 32563
STREET ADDRESS	PACE FL 32571		
CITY-ST-ZIP		STREET ADDRESS	4440 Soundside Drive
		CITY-ST-ZIP	Gulf Breeze FL 32563
DOCUMENT #	SABLETTE ANASTON, EVELYN JOY R	STREET ADDRESS	
NAME	3338 COUNTRY MEADOW LANE	CITY-ST-ZIP	
STREET ADDRESS	PACE FL 32571		
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:**  **Evelyn Joy R. ANASTON** DATE **4/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Gen. Ptnr.** Daytime Phone # **(850) 932-6264**

0007229 AT

CR2E003 (10/02)

STAPLE CHECK HERE