

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018175 AF

DOCUMENT # A93000001334

1. Entity Name

TARPON-TAHITI, LIMITED

FILED

Principal Place of Business

2337 U.S. HIGHWAY 19  
HOLIDAY FL 34691

Mailing Address

2337 U.S. HIGHWAY 19  
HOLIDAY FL 34691

01 MAR -1 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

6321 GARLAND COURT

3. Mailing Address

P O Box 3845

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey, FLA

City & State

HOLIDAY, FL

4. FEI Number

95-3871366

Applied For

Not Applicable

Zip

34652

Country

Zip

34690-0845

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRATHER, JACKIE  
2337 U.S. HIGHWAY 19  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

986 SAN SIERRA WAY

Port Richey

FL

Zip Code  
34668

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$337,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

HIRSHON, JACK M  
2337 U.S. HIGHWAY 19  
HOLIDAY FL 34691

STREET ADDRESS

CITY-ST-ZIP

6321 GARLAND COURT  
New Port Richey, FL 34652

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/01 727 842-2841

Date

Daytime Phone #

CR2E003 (11/00)