

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 3 AI

DOCUMENT # A95000001138

1. Entity Name

TIDES VILLAGE, LTD.

FILED

02 MAR 14 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3415 W. CYPRESS ST.
TAMPA FL 33607

Mailing Address

P.O. BOX 159
TARPON SPRINGS FL 34689-0159

2. Principal Place of Business

3455 Countryside Blvd
Suite, Apt. #, etc.
#78

3. Mailing Address

Suite, Apt. #, etc.

City & State
CLAMWATER SAME

Zip

Country

Zip 33761

DUE BY MAY 1, 2002

4. FEI Number

59-3341818

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAVODNY, R. JOHN

3415 W. CYPRESS STREET
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

33761

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, or title if applicable

DATE

9. Capital Contributions as Shown on record.

\$2,500,000.00

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 # P94000088226
NAME JZ MORGAN CAPITAL, INC.
STREET ADDRESS 3455 Countryside Blvd #78
CITY-ST-ZIP CLAMWATER FL 33761

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000005133390--4
-03/19/02--01014--030
****141.25 ****141.25

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 or limited Partner or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)