## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # F16351**

1. Entity Name

TAMARAC CLUB, INC.

Principal Place of Business

SOU MARKET STREET O BOX 9128 OUNGSTOWN OH 44513-9128 S. Principal Place of Business Suite, Apt. #, etc.		P O BOX 9128 YOUNGSTOWN OH 44513-0128 US				A NORMOR HOLINGIO DINOR INTEL DINOL	<b>11 3111</b> 1 11 <b>1</b> 51	81314 31671 81 <b>3</b> 7	# <b>1:1</b> 0/1   1 <b>1:1</b> 1	
		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Cíty & State	e	City & State		<b>4.</b> F		FEI Number <b>34-1326688</b>		Applied For Not Applicable		1
Zip	p Country Zip		p Country		5. Certificate of Status Desired			CQ 75 Additional		1
	6. Name and Address of Current I	Registered Agent			7. 1	lame and Address of New Reg				1
-				Name						]
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
	'E 105 ,AHASSEE FL 32301			07:				T Zin Code		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City			FL	Zip Code	e •	
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent a	and title if applicable (NO	TE: Registered	Agent signature requ		instating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE After MAY 1, 2000 Fee to Make Check Payable to De		will be \$550.0				\$5.00 May Be Added to Fees		
1.	OFFICERS AND	DIRECTORS	12.		_ AD	DITIONS/CHANGES TO OFFIC				ء ا
itle Iame Treet address Ity-st-zip	VD DEBARTOLO, MARIE D 7620 MARKET ST YOUNGSTOWN, OH 00000	☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	00/0/ /6/036
ITLE IAME TREET ADDRESS ITY-ST-ZIP	VTD DAVENPORT, LYNN E. 7620 MARKET ST YOUNGSTOWN, OH 00000	☐ Delete	- 6	T ADDRESS ST-ZIP				☐ Change	Addition	] 8
ITLE IAME TREET ADDRESS ITY-ST-ZIP	VS WOLFCALE, ARTHUR D JR 7620 MARKET STREET YOUNGSTOWN OH	☐ Delete		T ADDRESS ST-ZIP	<u></u>			Change	Addition	
itle Iame Itreet address Ity-st-zip	V MURPHY, JAMES F. 7620 MARKET ST. YOUNGSTOWN OH	☐ Delete						☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
ITLE AME		☐ Delete	TITLE NAME		<u>,</u>			☐ Change	Addition	

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIBECTOR

Date

STREET ADDRESS CITY-ST-ZIP

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

034 (9/99)

**FILED** 

May 18, 2000 8:00 am Secretary of State

05-18-2000 90307 028 \*\*\*150.00