

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42877, 1503-1 / VD

1. Entity Name
TARUE CORP.

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90101 035 ***150.00

Principal Place of Business
240 S. PINEAPPLE AVE., 10TH FLR.
P. O. BOX 49948
SARASOTA FL 34236

Mailing Address
240 S. PINEAPPLE AVE., 10TH FLR.
P. O. BOX 49948
SARASOTA FL 34236-6717

C0081366



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
240 S. Pineapple Avenue
Suite, Apt. #, etc.
10th Floor

3. Mailing Address
P.O. Box 49948
Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

4. FEI Number
59-2144249

Applied For
Not Applicable

Zip
34236

Country
USA

Zip
34230-6948

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, JEFFREY S.
240 S. PINEAPPLE AVE., 10TH FLR
SARASOTA FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TASD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, JEFFREY S.		NAME		
STREET ADDRESS	240 S PINEAPPLE 10TH FLR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 33577		CITY-ST-ZIP	34236	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABEL, HARVEY J.		NAME		
STREET ADDRESS	240 S PINEAPPLE 10TH FLR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 33582		CITY-ST-ZIP	34236	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAND DAVID S.		NAME		
STREET ADDRESS	240 S PINEAPPLE 10TH FLR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 33577		CITY-ST-ZIP	34236	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, MICHAEL		NAME		
STREET ADDRESS	1501 WATERFORD DR		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		CITY-ST-ZIP	34292	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	ROSIN, ROBERT P.	
CITY-ST-ZIP			CITY-ST-ZIP	240 S. PINEAPPLE AVENUE, 10TH FLOOR	
				SARASOTA, FLORIDA 34236	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	BROWN, DARYL J.	
CITY-ST-ZIP			CITY-ST-ZIP	1819 MAIN STREET	
				SARASOTA, FLORIDA 34236	

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.

SIGNATURE *David S. Band*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Band
Director
4/19/00 (941) 366-6660
Date Daytime Phone #

CR2E034 (9/99)