## **FILED** May 15, 2002 8:00 am g

05-15-2002 90005 002 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42877 1. Entity Name

TARUE CORP.

#1503-1

Principal Place of Business

Mailing Address

240 S PINEAPPLE AV 10 FLOOR

PO BOX 49948

SARASOTA FL 34236

SARASOTA FL 34230-6948

2. Principal Place of Business	3. Mailing Address	-
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>
City & State	City & State	



DO NOT WRITE IN THIS SPACE

Zip

Zip

59-2144249

4. FEI Number

Applied For Not Applicable

6. Name and Address of Current Registered Agent

Country

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

\$8.75 Additional Fee Required

Zip Code

RUSSELL, JEFFREY S.

240 S. PINEAPPLE AVE., 10TH FLR

SARASOTA FL 34236

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

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)

City

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

Country

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

(See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TASD ☐ Delete TITI F ☐ Change ☐ Addition NAME RUSSELL, JEFFREY S. NAME STREET ADDRESS 240 S PINEAPPLE 10TH FLR STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME abel, Harvey J. NAME STREET ADDRESS 240 S PINEAPPLE 10TH FLR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME BAND DAVID S. NAME STREET ADDRESS 240 S PINEAPPLE 10TH FLR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME MILLER, MICHAEL NAME STREET ADDRESS 1501 WATERFORD DR STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSIN, ROBERT P NAME STREET ADDRESS 240 S PINEAPPLE AV 10 FL STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE

13. I hereby certify that the information supplied with this filling 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 corrustee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

BROWN, DARYL J

SARASOTA FL 34236

1819 MAIN ST

NAME

STREET ADDRESS

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

David S. Band, Director

4/12/02 (941) 366-6660

☐ Addition

☐ Change