## 2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 15, 2003 8:00 am Secretary of State		
DOCU  1. Entity Nam  TARUE C		7 #150	03-1		04-15-2003 90119 (	<b>OI Sta</b> 1 )47 ***150.0	o 0
240 S PINEAI 10 FLOOR SARASOTA F		Mailing Address PO BOX 49948 SARASOTA FL 34230-6	6948	!			
Suite, Apt.		Suite, Apt. #, etc.					
City & Stat	<u> </u>	City & State			CHECK HERE IF MAI		
			<del></del>		4. FEI Number 59-2144249	N	pplied For ot Applicable
Zip 	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	iditional ad
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registe	red Agent	
RUSSELL, JEFFREY S. 240 S. PINEAPPLE AVE., 10TH FLR SARASOTA FL 34236				Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	te
the obligat	ions of registered agent.  Signature, typed or printed name of registered agent a		its registered office		ed agent, or both, in the State of Florida. I	am familiar with,	and accept
å Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND I		11.	<del></del>	ADDITIONS/CHANGES TO OFFICERS		
Title Name Street address City-ST-Zip	RUSSELL, JEFFREY S. 240 S PINEAPPLE 10TH FLR SARASOTA FL 34236	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	5		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEL, HARVEY J. 240 S PINEAPPLE 10TH FLR SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAND DAVID S. 240 S PINEAPPLE 10TH FLR SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD		XX Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MICHAEL 1501 WATERFORD DR VENICE FL 34292	☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rosin, Robert P 240 S Pineapple av 10 Fl Sarasota fl 34236	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE	D BROWN DARYL I	🔀 Delete	TITLE			Change	Addition

12. 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 true e empowered the course this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1819 MAIN ST

SARASOTA FL 34236

Bowid S. Band, Director FED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/03

Date

941-366-6660

Daytime Phone #