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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90078 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47892

1. Corporation Name

TANDEM MANAGEMENT CORP.

Principal Place of Business

**406 SARASOTA QUAY
SARASOTA FL 34236
US**

Mailing Address

**406 SARASOTA QUAY
SARASOTA FL 34236
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1981

4. FEI Number

59-2131128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 240 S. Pineapple Ave.

Suite, Apt. #, etc.

22 10th Floor

City & State

23 Sarasota, FL

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 240 S. Pineapple Ave.

Suite, Apt. #, etc.

27 10th Floor

City & State

28 Sarasota, FL

Zip

29 34236

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORE, STEPHEN W
406 SARASOTA QUAY
SARASOTA FL 34236**

81 Name

David S. Band

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

240 S. Pineapple Avenue

83 **10th Floor**

84 City

Sarasota

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

David S. Band
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **M** ☐ DELETE

NAME **DORE, STEPHEN W**
STREET ADDRESS **1345 MAIN STREET, STE A**
CITY-ST-ZIP **SARASOTA FL**

TITLE **DV** ☐ DELETE

NAME **HAYES, PETER**
STREET ADDRESS **3459 SEA GRAPE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **DST** ☐ DELETE

NAME **SCHWARTZ, HARRIET**
STREET ADDRESS **3459 SEA GRAPE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **David S. Band**
1.3 STREET ADDRESS **240 S. Pineapple Avenue 10th Fl.**
1.4 CITY-ST-ZIP **Sarasota, FL 34236**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Halpin, David**
2.3 STREET ADDRESS **3459 Seagrape Drive**
2.4 CITY-ST-ZIP **Sarasota, FL**

3.1 TITLE **VSD** ☐ Change ☒ Addition

3.2 NAME **Michael W. Miller**
3.3 STREET ADDRESS **395 Commercial Ct., Suite A**
3.4 CITY-ST-ZIP **Venice, FL 34292**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David S. Band
Signature, typed or printed name of signing officer or director

4/20/99
Date

941-366-6660
Daytime Phone #

CR2E034 (1/198)