

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90180 045 \*\*\*150.00

**DOCUMENT # F47892**

1. Entity Name

**TANDEM MANAGEMENT CORP.**

1576-5

Principal Place of Business

**240 S. PINEAPPLE AVE.  
 10TH FLOOR  
 SARASOTA FL 34236  
 US**

Mailing Address

**240 S. PINEAPPLE AVE.  
 10TH FLOOR  
 SARASOTA FL 34236  
 US**

2. Principal Place of Business

3. Mailing Address

**395 Commercial Court**

Suite, Apt. #, etc.

**Suite A**

Suite, Apt. #, etc.

City & State

**City & State  
 Venice, FL**

Zip

Country

**Zip  
 34293**

**Country  
 US**

4. FEI Number **59-2131128**

Applied For

Not Applicable

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

**BAND, DAVID S  
 240 S. PINEAPPLE AVE.  
 10TH FLOOR  
 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

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

(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, 2001 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BAND, DAVID S</b>	
STREET ADDRESS	<b>240 S. PINEAPPLE AVE., 10TH FL.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALPIN, DAVID</b>	
STREET ADDRESS	<b>3459 SEA GRAPE DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>MILLER, MICHAEL W</b>	
STREET ADDRESS	<b>395 COMMERCIAL CT., STE A</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael W. Miller, Director** 4/16/01 (941) 366-6660

Date

Daytime Phone #

CR2E034 (10/00)