

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90010 024 ***150.00

DOCUMENT # G06570
 1. Entity Name
TAM ENTERPRISES, INC.

| | |
|---|---|
| Principal Place of Business 8720 SW S R 200 SUITE 1 OCALA FL 34481 US | Mailing Address 8720 SW S R 200 SUITE 1 OCALA FL 34481 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|

| | |
|---|--|
| 4. FEI Number 59-2226392 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
BARHAM, JULIE R
5505 SW 107 ST
OCALA FL 34476

7. Name and Address of New Registered Agent
 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) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

11. OFFICERS AND DIRECTORS

| | | | | |
|------------------------|---------------------------------------|---|--|--|
| TITLE P | NAME BARHAM, JULIE R | STREET ADDRESS 5505 SW 107 ST | CITY-ST-ZIP OCALA FL 34476 | <input type="checkbox"/> Delete |
| TITLE VP | NAME NOLAND, CAROL | STREET ADDRESS 11610 SW 77TH CIRCLE | CITY-ST-ZIP OCALA FL 34481 | <input checked="" type="checkbox"/> Delete |
| TITLE T | NAME SKAFAS, HELEN | STREET ADDRESS 4377 SW 139TH STREET ROAD | CITY-ST-ZIP OCALA FL | <input checked="" type="checkbox"/> Delete |
| TITLE T | NAME HILL, PENNY J | STREET ADDRESS 10623 SW 155TH ST | CITY-ST-ZIP DUNNELLON FL 34432 | <input checked="" type="checkbox"/> Delete |
| TITLE VP | NAME BARHAM, JACKSON T. | STREET ADDRESS 5505 SW 107 ST | CITY-ST-ZIP OCALA FL 34476 | <input type="checkbox"/> Delete |
| TITLE S | NAME BARHAM, JACKSON T. | STREET ADDRESS 5505 SW 107 ST | CITY-ST-ZIP OCALA FL 34476 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|-------------|---------------------------|----------------------------------|-------------------------------|--|
| TITLE VP | NAME BARHAM, JULIE R | STREET ADDRESS 5505 SW 107 ST | CITY-ST-ZIP OCALA FL 34476 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VP | NAME BARHAM, JACKSON T | STREET ADDRESS 5505 SW 107 ST | CITY-ST-ZIP OCALA FL 34476 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE S | NAME BARHAM, JACKSON T | STREET ADDRESS 5505 SW 107 ST | CITY-ST-ZIP OCALA FL 34476 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: JULIE R. BARHAM (Pres) JC Barham 4/15/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)