

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29353

1. Entity Name

TARPON FINANCIAL CORPORATION

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90018 011 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O DONALD R. HALL  
28050 U.S. HIGHWAY 19 NORTH, SUITE 402  
CLEARWATER FL 33761  
US

C/O DONALD R. HALL  
28050 U.S. HIGHWAY 19 NORTH, SUITE 402  
CLEARWATER FL 33761-2629  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2475684

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

HALL, DONALD R.  
28050 U.S. HIGHWAY 19 NORTH, SUITE 402  
CLEARWATER FL 34621

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, 2000 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 VD ☐ Delete  
NAME LINDSAY, MARY JANE S  
STREET ADDRESS 710 E. TARPON AVE.  
CITY-ST-ZIP TARPON SPRING FL 34688

TITLE VSD ☒ Change ☐ Addition  
NAME LINDSAY, Mary Jane S.  
STREET ADDRESS 710 E. Tarpon Avenue  
CITY-ST-ZIP Tarpon Springs, FL 34688

TITLE VD ☐ Delete  
NAME RICHARDS, BARBARA  
STREET ADDRESS 710 E. TARPON AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DCP ☒ Delete  
NAME SMITZES, LOUIS JAMES  
STREET ADDRESS 524 RIVERSIDE DR.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME UNDERWOOD, LEAH E  
STREET ADDRESS 90 HIGHLAND AVE  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SMITZES, MARY Z.  
STREET ADDRESS 524 RIVERSIDE DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE PTCB ☒ Change ☐ Addition  
NAME SMITZES, Mary Z.  
STREET ADDRESS 524 Riverside Drive  
CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE VD ☐ Delete  
NAME STINSON, RAYMOND  
STREET ADDRESS 710 E. TARPON AVE  
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE ☐ Change ☐ 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:

*Barbara E. Richards*  
Barbara E. Richards  
Vice President

1-20-2000

727/938-9771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara E. Richards