

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70195

1. Entity Name

TEHAN ASSOCIATES, INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90013 006 \*\*\*150.00

Principal Place of Business

Mailing Address

3579 PLANDFIN DR  
SARASOTA FL 34231  
US

PO BOX 25097  
SARASOTA FL 34277-2097

2. Principal Place of Business

3. Mailing Address

2230 Industrial Blvd  
Suite, Apt. #, etc. A

P.O. Box 25097

Suite, Apt. #, etc.

City & State  
Sarasota FL

City & State  
Sarasota FL

4. FEI Number  
59-2672288

Applied For  
Not Applicable

Zip  
34234 Country  
Sarasota

Zip  
34277 Country  
Sarasota

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

TEHAN, HARRY G  
3579 PLANTATION DR.  
SARASOTA FL 34231

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 NAME STREET ADDRESS CITY-ST-ZIP	P TEHAN, HARRY 3579 PLANTATION DR. SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HARRY TEHAN

2/22/00

941 351 7147

CR2E034 (9/99)