

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J95237**

1. Entity Name

RUMMEL/TARPON PROPERTIES, INC.**FILED**
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90081 034 ***150.00

Principal Place of Business

**1641 1ST AVE NORTH
SAINT PETERSBURG FL 33713
US**

Mailing Address

**P.O. BOX 13088
ST PETERSBURG FL 33733-3088
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 **59-2861891**

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****RUMMEL, H.E.
1682 OCEANVIEW DR
TIERRA VERDE FL 33715**

Name

H.E. Rummel

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

1641 First Avenue North

City

St. Petersburg**FL**Zip Code
33713

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 **H.E. Rummel**

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

(NOTE: Registered Agent signature required when re-registering)

January 5, 2000

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	PD	<input type="checkbox"/> Delete
NAME	RUMMEL, H. E.	
STREET ADDRESS	PO BOX 13088	
CITY-ST-ZIP	ST PETERSBURG FL 33733	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NICHOLS, KATE	
STREET ADDRESS	1682 OCEANVIEW DR	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICHOLS, KATE	
STREET ADDRESS	1682 OCEANVIEW DR	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:**H.E. Rummel, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-5-2000**
Date**727-895-7804**
Daytime Phone #

CR2004 (9/99)