

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000001342**

1. Entity Name

TARPON REALTY, L.C.

FILED

01 JUL -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

191 CLARKSON LANE
JOHN'S ISLAND
VERO BEACH FL 32963

Mailing Address

191 CLARKSON LANE
JOHN'S ISLAND
VERO BEACH FL 32963

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

65-0715716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBLOIS, ARTHUR J JR.
191 CLARKSON LANE
JOHN'S ISLAND
VERO BEACH FL 32963

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 26, 2001**

300004476753--8
-07/16/01--01030--004
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
DEBLOIS, ARTHUR J JR.
191 CLARKSON LN. JOHN'S ISLAND
VERO BEACH FL 32963**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ARTHUR J. DE BLOIS JR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/02/01 401-247-2364

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE