

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003197

1. Entity Name
HALLMARK/TASSONE, L.C.

APPROVED
AND
FILED

00 APR 29 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4890 W. KENNEDY BOULEVARD, SUITE 920
TAMPA FL 33609

Mailing Address
4890 W. KENNEDY BOULEVARD, SUITE 920
TAMPA FL 33609-1850



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mom

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2137216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLMARK/TASSONE OF FLORIDA, INC.
4890 W. KENNEDY BLVD., SUITE 920
TAMPA FL 33609

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BINSTOCK, WILLIAM S
STREET ADDRESS 202 TIMBER RIDGE ROAD
CITY-ST-ZIP PITTSBURGH PA 15238 15215

TITLE
NAME
STREET ADDRESS 10 Meadowood Lane
CITY-ST-ZIP Pittsburgh PA 15215

TITLE MGR
NAME LASDAY, LOUIS
STREET ADDRESS 360 G.M.D. #321
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE
NAME
STREET ADDRESS 500003249915--9
CITY-ST-ZIP -05/12/00--01024--004
*****50.00 *****50.00

TITLE MGR
NAME WINNER, MICHAEL R
STREET ADDRESS 4611 LOWELL AVENUE
CITY-ST-ZIP TAMPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME TASSONE, TIMOTHY L
STREET ADDRESS 3314 SCATHELCKE ROAD
CITY-ST-ZIP PITTSBURGH PA 15235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME KOENIG, BARABARA M
STREET ADDRESS 110 DETMAR DRIVE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

Timothy L. Tassone, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #