

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018006
SP

DOCUMENT # L99000006399

1. Entity Name
TAMARAC POWELL, L.L.C.

00 APR 18 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
36750 U.S. HIGHWAY 19
TARPON SPRINGS FL 34689

Mailing Address
36750 U.S. HIGHWAY 19
TARPON SPRINGS FL 34689



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1389 N.W. 136th Avenue
Sunrise, Florida
33323-2800 United States

mnM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965578

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9.

MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Powell, John JR.
P.O. Box 1088
Tarpon Springs, FL 34688

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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.

SIGNATURE: *John Powell JR*

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

Date

Daytime Phone #

4/11/00

(954) 846-8400

CR2E083 (9/99)