

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90192 010 \*\*\*\*50.00

**DOCUMENT # M01000000372**

1. Entity Name

**TARA PUBLISHING, LLC**

Principal Place of Business

**3470 W. CROWN POINTE BLVD., #202  
 NAPLES FL 34112**

Mailing Address

**3470 W. CROWN POINTE BLVD., #202  
 NAPLES FL 34112**

2. Principal Place of Business

**1989 Summer Club Dr.**

3. Mailing Address

**1989 Summer Club Dr.**

Suite, Apt. #, etc.

**203**

Suite, Apt. #, etc.

**203**

City & State

**Oviedo, FL**

City & State

**Oviedo, FL**

Zip

**32765**

Country

**USA**

Zip

**32765**

Country

**USA**

4. FEI Number

**420-40-3889**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TUCK, TARA J  
 3470 W. CROWN POINTE BLVD., #202  
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**3/13/02**  
 DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENS, BOBBIE R</b>	
STREET ADDRESS	<b>206 LAPENINSULA BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>TUCK, TARA J</b>	
STREET ADDRESS	<b>3470 W. CROWN POINTE BLVD., #202</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*[Signature]* **TARA J. TUCK**

DATE

**3/13/02 94-775-1493**

Daytime Phone #

CR2E083 (9/01)