

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000372

1. Entity Name

TARA PUBLISHING, LLC



**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90104 023 \*\*\*\*50.00

0009308

Principal Place of Business 1989 SUMMER CLUB DR # 203 OVIEDO FL 32765	Mailing Address 1989 SUMMER CLUB DR # 203 OVIEDO FL 32765
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2. Principal Place of Business 700 La Peninsula Blvd. Suite, Apt. #, etc. #202	3. Mailing Address 3510 Rose Mallow Loop Suite, Apt. #, etc.
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City & State Naples, FL Zip 34113 Country USA	City & State Oviedo, FL Zip 32766 Country USA
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☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent TUCK, TARA J 3470 W. CROWN POINTE BLVD., #202 NAPLES FL 34112
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4. FEI Number 42-0403889	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name Tuck, Tara J. Street Address (P.O. Box Number is Not Acceptable) 3510 Rose Mallow Loop City Oviedo FL Zip Code 32766	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tara J. Tuck Manager 9/15/03  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEVENS, BOBBIE R 206 LAPENINSULA BLVD. NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stevens, Bobbie R. 200 La Peninsula Blvd, #202 Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUCK, TARA J 3470 W. CROWN POINTE BLVD., #202 NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tuck, Tara J 3510 Rose Mallow Loop Oviedo, FL 32766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED Tara J. Tuck 9/15/03 407-366-5251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

CR2E083 (4/03)