

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31616

1. Entity Name

TARA VERANDAS COMMONS ASSOCIATION, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90104 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 10067  
BRADENTON FL 34282

P.O. BOX 10067  
BRADENTON FL 34282-0067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0125426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMONY MANAGEMENT  
4400 EL CONQUISTADOR PKWY  
SUITE 22  
BRADENTON FL 34282

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **WACHTER, WILBER**  
STREET ADDRESS **6609 STONE RIVER RD**  
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **BEDESSEM, PETE**  
STREET ADDRESS **6609 STONE RIVER RD**  
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **STAN, GEORGE**  
STREET ADDRESS **6707 STONE RIVER ROAD**  
CITY-ST-ZIP **BRADENTON FL**

TITLE ☒ Change ☐ Addition  
NAME **STAFFORD, MALCOLM**  
STREET ADDRESS **6609 STONE RIVER ROAD**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Delete  
NAME **O'ROURKE, JAMES**  
STREET ADDRESS **67135 RIVER ROAD, #102**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **MOSSAN, RANDY**  
STREET ADDRESS **6713 STONE RIVER RD**  
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☒ Change ☐ Addition  
NAME **TOM KUNZMAN**  
STREET ADDRESS **6713 STONE RIVER ROAD**  
CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)