

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 045 ****61.25

DOCUMENT # N35971

1. Entity Name

TARA VERANDAS TWO, INC.



Principal Place of Business

**4400 EL CONQUISTADOR PARKWAY
BRADENTON FL 34210**

Mailing Address

**4400 EL CONQUISTADOR PARKWAY
BRADENTON FL 34210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0165328**

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
BRADENTON FL 34282**

Name

Street Address (P.O. Box Number is Not Acceptable)

Ste 1

City

FL Zip Code
34210

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	Delete
NAME	BEDESSEM, PETER	
STREET ADDRESS	6609 STONE RIVER RD, 206	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	Delete
NAME	WACHTER, WILBER	
STREET ADDRESS	6609 STONE RIVER ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DT	Delete
NAME	STANZ, GEORGE	
STREET ADDRESS	6707 STONE RIVER RD, 205	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	Delete
NAME	STAFFORD, MALCOLM	
STREET ADDRESS	6609 STONE RIVER ROAD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	Delete
NAME	VISSCHWER, HENRY	
STREET ADDRESS	6609 STONE RIVER ROAD W4	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)