

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001745

1. Entity Name

TARA PLANTATION GARDENS CONDOMINIUM ASSOCIATION,

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90080 009 ****61.25

Principal Place of Business 5485 FAIR OAKS ST BRADENTON FL 34203 US	Mailing Address 5490 FAIR OAKS ST BRADENTON FL 34203-8815 US
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DO NOT WRITE IN THIS SPACE

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 65-0547466	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HENNEBERRY, STEPHEN W
5485 FAIR OAKS ST
BRADENTON FL 34203

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 Stephen W. Henneberry DATE 2/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HENNEBERRY, STEPHEN 5485 FAIR OAKS ST BRADENTON FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABELSON, IRA 5414 FAIR OAKS ST. BRADENTON FL 34203 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZALONE, EUGENE 5430 FAIR OAKS ST. BRADENTON FL 34203 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OLOFSON, ROBERT 5406 FAIR OAKS ST BRADENTON FL 34203 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GILLIGAN, HARRY ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLIGAN, HARRY 5409 FAIR OAKS ST BRADENTON, FL 34203 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition

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: Stephen W. Henneberry DATE 2/17/00 941 756-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Daytime Phone #

CR2E037 (9/99)