

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006921

1. Entity Name

BUSINESS AND LAND OWNERS' ASSOCIATION OF TAMAMI TRAIL, INC.

Principal Place of Business

**14415 TAMAMI TRAIL
NORTH PORT FL 34287**

Mailing Address

**P.O. BOX 7271
NORTH PORT FL 34287
US**

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

65-0797387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZAGROBELNY, JOHN M
14415 TAMAMI TRAIL
NORTH PORT FL 34287**

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, 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

TITLE **DP** ☐ Delete
NAME **ZAGROBELNY, JOHN M**
STREET ADDRESS **6135 BOLANDER**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **DS** ☐ Delete
NAME **GROVE, MARSHALL W**
STREET ADDRESS **18362 ACKERMAN AVE.**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **DT** ☐ Delete
NAME **GROSS, BARBARA L**
STREET ADDRESS **6468 SAFFORD TERR**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90416 025 ****61.25

B0124661



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)