

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030405

1. Entity Name
T.F. MANAGEMENT, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90276 002 ***150.00

Principal Place of Business

437 GASTON FOSTER RD
ORLANDO FL 32807

Mailing Address

437 GASTON FOSTER RD
ORLANDO FL 32807

00037599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6658 FRANCONIA DR

Suite, Apt. #, etc.

3. Mailing Address

6658 FRANCONIA DR

Suite, Apt. #, etc.

City & State

BELLE ISLE, FL 32812

City & State

BELLE ISLE, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

32812

USA

Zip

Country

32812

USA

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

THORNTON, MARK B
437 GASTON FOSTER RD
ORLANDO FL 32807

Name

THORNTON, MARK B.

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

6658 FRANCONIA DR

City

BELLE ISLE,

FL

Zip Code

32812

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS THORNTON, MARK B
CITY-ST-ZIP 437 GASTON FOSTER RD
ORLANDO FL 32807

TITLE ☒ Change ☐ Addition
NAME THORNTON, MARK B.
STREET ADDRESS 6658 FRANCONIA DR
CITY-ST-ZIP BELLE ISLE, FL 32812

TITLE ☐ Delete
NAME D
STREET ADDRESS DUKE, DAWN T
CITY-ST-ZIP 1440 GOLDEN GATE AVE #202
SAN FRANCISCO CA 94115

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

03-26-01

Date

407-854-4764

Daytime Phone #

CR2E034 (10/00)