

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 14, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90026 001 \*\*\*150.00

**DOCUMENT # P00000108916**

1. Entity Name

THE TARPON GROUP, INC.



Principal Place of Business

9220 BONITA BEACH ROAD #105  
 BONITA SPRINGS FL 34135

Mailing Address

9220 BONITA BEACH ROAD #105  
 BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

59-3680167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JEFFREY S. SCHELLING, P.A.  
 800 SEAGATE DRIVE STE 304  
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name PETER J. FRABUTT  
 Street Address (P.O. Box Number is Not Acceptable)  
9220 BONITA BEACH RD.  
SUITE 105  
 City BONITA SPRINGS FL Zip Code 34135

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]*

Signature, type or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 6/5/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEPOLA, RICHARD A	
STREET ADDRESS	3820 LAKE MOUNT DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	HARVEY HUMPHREY SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY HUMPHREY	
STREET ADDRESS	2699 McLAUGHLIN BLVD	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN MC BIRNEY	
STREET ADDRESS	143 FLAME VINE DR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER J. FRABUTT	
STREET ADDRESS	2490 FAIRWINDS LANE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
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		

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]*

PETER J. FRABUTT

5/8/01

(941) 992-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)