

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90044 049 ***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. FEI 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

7. Name and Address of New Registered Agent

FRAUST, PETER J

**9220 BONITA BEACH ROAD
 SUITE 105
 BONITA SPRINGS FL 34135**

Name

FRAUST, PETER J

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

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, 2002 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 **P**
 STREET ADDRESS **LEPOLA, RICHARD A**
 CITY-ST-ZIP **3620 LAKE MOUNT DRIVE
 BONITA SPRINGS FL 33134**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HUMPHREY, HARVEY**
 CITY-ST-ZIP **26999 MELHAGHAN ROAD
 BONITA SPRINGS FL 34135**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **MCBIRNEY, SUSAN**
 CITY-ST-ZIP **143 FLAME VINE DRIVE
 BONITA SPRINGS FL 34135**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FRAUST, PETER J**
 CITY-ST-ZIP **24900 FAIRWINDS LANE
 BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **BONITA SPRINGS, FL 34134**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **HUMPHREY, HARVEY**
 STREET ADDRESS **26999 MELHAGHAN ROAD**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **NAPLES, FL 34110**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **FRAUST, PETER J.**
 STREET ADDRESS
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

PETER J. FRAUST, TREASURER

Date

1/9/02

Daytime Phone #

(941) 992-4007

CR2E034 (9/01)