

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90038 001 \*\*\*150.00

**DOCUMENT # P01000075572**

1. Entity Name  
**TAURUS DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
**36468 EMERALD COAST PKWY STE 2101** **36468 EMERALD COAST PKWY STE 2101**  
**DESTIN FL 32541** **DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**126 SOUTH SHORE DR.** **126 SOUTH SHORE DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 34** **# 34**

City & State City & State  
**Destin, Florida** **Destin, Florida**

Zip Country Zip Country  
**32550** **32550** **Walton**

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LARSH, DAWN E**  
**36468 EMERALD COAST PKWY STE 2101**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent  
 Name **Ronald L. Sassano**  
 Street Address (P.O. Box Number is Not Acceptable)  
**126 SOUTH SHORE DR # 34**  
 City **Destin** FL Zip Code **32550**

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 DATE **3-20-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
**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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>D, P, S</b>					
<b>SASSANO, RONALD</b>					
<b>126 S SHORE DRIVE VILLA 34</b>					
<b>DESTIN FL 32541</b>					
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **3-20-02** **850-865-3114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0056702 AV  
 CR2E034 (9/01)