

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-21-2002 90055 037 ***150.00

DOCUMENT # P01000078239

1. Entity Name
TARA STABLES, INC.

Principal Place of Business
**16190 NE 50TH ST
 WILLISTON FL 32696**

Mailing Address
**16190 NE 50TH ST
 WILLISTON FL 32696**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9750 N.W. Hwy 316
 Suite, Apt. #, etc.

3. Mailing Address

9750 N.W. Hwy 316
 Suite, Apt. #, etc.

City & State

REDDICK, FL.

City & State

REDDICK, FL.

4. FEI Number

59-3744530

Applied For

Not Applicable

Zip

32686

Country

U.S.A.

Zip

32686

Country

U.S.A.

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCALISTER, JOE
 16190 NE 50TH ST
 WILLISTON FL 32696**

7. Name and Address of New Registered Agent

Name **Joe McAlister**

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

9750 N.W. Hwy 316

City **REDDICK**

FL

Zip Code **32686**

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 **Joe McAlister (Pres.)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-02

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

TITLE **D** ☒ Delete
 NAME **MCALISTER, JOE**
 STREET ADDRESS **16190 NE 50TH ST**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE **D** ☒ Delete
 NAME **MCALISTER, JOLANE**
 STREET ADDRESS **16190 NE 50TH ST**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Joe McAlister**
 STREET ADDRESS **9750 N.W. Hwy 316**
 CITY-ST-ZIP **REDDICK, FL. 32686**

TITLE ☒ Change ☐ Addition
 NAME **JOLANE McAlister**
 STREET ADDRESS **9750 N.W. Hwy 316**
 CITY-ST-ZIP **REDDICK, FL. 32686**

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

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

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:

Jolane McAlister, Secy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-2-02

352-591-4977

CR2E034 (9/01)