

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019885

1. Entity Name

TAX LIEN CERTIFICATES FUND, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90246 037 ***150.00

Principal Place of Business

463 STILL FOREST TERRACE
SANFORD FL 32771

Mailing Address

463 STILL FOREST TERRACE
SANFORD FL 32771-8380

2. Principal Place of Business

404 FENWICK CT

Suite, Apt. #, etc.

3. Mailing Address

404 FENWICK CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DEBARY FL

City & State

DEBARY FL

4. FEI Number

59-3172977

Applied For

Not Applicable

Zip

32713

Country

Zip

32713

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONE, JAMES R
452 OSCEOLA ST
LONGWOOD FL 32701

7. Name and Address of New Registered Agent

Name

JAMES R. LEONE

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

1275 LAKE HEATHROW LANE

SUITE 115

City

HEATHROW FL 32746 FL

Zip Code

32746

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

James R. Leone

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

(NOTE: Registered Agent signature required when reinstating)

4/5/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
ALONGI, M J
463 STILL FOREST TERRACE
SANFORD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
404 FENWICK CT
DEBARY FL 32713 ☒ Change ☐ Addition

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

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

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

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

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

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:

James R. Leone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00 904774 8131

Date

Daytime Phone #

CR2E034 (9/99)