

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000066975

1. Entity Name

TANGERINE DEVELOPMENT COMPANY

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

05-11-2000 90298 017 ***158.75

Principal Place of Business

201 GULF OF MEXICO DRIVE
SUITE 5
LONGBOAT KEY FL 34228

Mailing Address

201 GULF OF MEXICO DRIVE
SUITE 5
LONGBOAT KEY FL 34228-4022

2. Principal Place of Business

303 PALM AVENUE

3. Mailing Address

7800 BAYBERRY ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
JACKSONVILLE, FL

4. FEI Number 65-0438513

Applied For
Not Applicable

Zip Country
34236 USA

Zip Country
32256 USA

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

CLABAUGH, JAMES E.
201 GULF OF MEXICO DR
SUITE 6
LONGBOAT KEY FL 34228

Name
DAVID GURLEY

Street Address (P.O. Box Number is Not Acceptable)
NORTON, GURLEY, HAMMERSLEY & LOPEZ

1819 MAIN STREET

City SARASOTA FL Zip Code 34236

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)

4/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CLABAUGH, JAMES E ☐ Delete
STREET ADDRESS 201 GULF OF MEXICO DR. SUITE 5
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE PD ☒ Change ☐ Addition
NAME CLABAUGH, JAMES E
STREET ADDRESS 303 PALM AVENUE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE TD ☐ Delete
NAME FULLERTON, ROBERT C
STREET ADDRESS 7800 BAYBERRY ROAD, SUITE 100
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE TDS ☒ Change ☐ Addition
NAME FULLERTON, ROBERT C.
STREET ADDRESS 303 PALM AVENUE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

904-737-8500

Daytime Phone #

CR2E034 (9/99)