

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90165 030 \*\*\*158.75

**DOCUMENT # P93000066975**

1. Entity Name

**TANGERINE DEVELOPMENT COMPANY**

Principal Place of Business

**303 PALM AVE  
 SARASOTA FL 34236  
 US**

Mailing Address

**7800 BAYBERRY RD  
 JACKSONVILLE FL 32256  
 US**

857171



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1819 Main Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 200**

City & State

**Sarasota, FL 34236**

City & State

4. FEI Number

**65-0438513**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GURLEY, DAVID  
 NORTON, GURLEY, HAMMERSLEY, & LOPEZ  
 1819 MAIN ST  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

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

TITLE PD  
 NAME CLABAUGH, JAMES E  
 STREET ADDRESS 303 PALM AVE  
 CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE T  
 NAME FULLERTON, ROBERT C  
 STREET ADDRESS 303 PALM AVE  
 CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE V  
 NAME GIBSON, CHRISTINE  
 STREET ADDRESS 303 PALM AVENUE  
 CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME CLABAUGH, JAMES E  
 STREET ADDRESS 1819 MAIN STREET, SUITE 200  
 CITY-ST-ZIP SARASOTA, FL 34236 ☒ Change ☐ Addition

TITLE DVTS  
 NAME FULLERTON, ROBERT C  
 STREET ADDRESS 1819 MAIN STREET, SUITE 200  
 CITY-ST-ZIP SARASOTA, FL 34236 ☒ Change ☐ Addition

TITLE V AS  
 NAME GIBSON, CHRISTINE  
 STREET ADDRESS 1819 MAIN STREET, SUITE 200  
 CITY-ST-ZIP SARASOTA, FL 34236 ☒ Change ☐ Addition

TITLE  
 NAME  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)