

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068667

1. Entity Name

TARA PLANTATION STABLES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90023 035 ***150.00

Principal Place of Business

7298 WAELTI DRIVE
MELBOURNE FL 32940

Mailing Address

3335 FREEMAN LN.
MELBOURNE FL 32940-7507
US

2. Principal Place of Business

3. Mailing Address

3350 FREEMAN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3202603

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

7. Name and Address of New Registered Agent

Waelti, Eloise

3335 FREEMAN LANE
MELBOURNE FL 32940

Name

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

3350 FREEMAN LANE

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, 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 Waelti, Eloise
STREET ADDRESS 3335 FREEMAN LANE
CITY-ST-ZIP MELBOURNE FL

☐ Delete

TITLE
NAME
STREET ADDRESS 3350 FREEMAN LANE
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

321-639-2583

Daytime Phone #

CR2E034 (9/99)