

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082813

1. Entity Name

TAY MANAGEMENT, INC.

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

05-05-2000 90092 012 ***150.00

Principal Place of Business

782 W. MONTROSE ST.
 SUITE 210
 CLERMONT FL 34711
 US

Mailing Address

782 W. MONTROSE ST.
 SUITE 210
 CLERMONT FL 34711-2122
 US

2. Principal Place of Business

782 W. MONTROSE ST.

3. Mailing Address

782 W. MONTROSE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

CLERMONT, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

65-0454865

Applied For

Not Applicable

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

M & W AGENTS, INC.
 9100 S DADELAND BLVD
 SUITE 1707
 MIAMI FL 33156

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, 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	D	<input type="checkbox"/> Delete
NAME	MCEWEN, TERRY C	
STREET ADDRESS	11435 LANE PARK RD.	
CITY-ST-ZIP	TAVARES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	782 W. MONTROSE ST.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Terry C. McEwen
 TERRY C. MCEWEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00
 Date

(352) 242-2335
 Daytime Phone #

CR2E034 (9/99)