

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030328

1. Entity Name

TATUM TABLES, INC.

Principal Place of Business

Mailing Address

305 SW 250TH ST
NEWBERRY FL 32669

305 SW 250TH ST
NEWBERRY FL 32669-4427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOVKACH, WALTER M.
527 E UNIVERSITY AVE
GAINESVILLE FL 32601

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: ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution: ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: TATUM, CHRIS A
STREET ADDRESS: 1631 SW 170 ST
CITY-ST-ZIP: NEWBERRY FL 32669 ☐ Delete

TITLE: ☐ Change ☐ Delete
NAME: ☐ Change ☐ Delete
STREET ADDRESS: ☐ Change ☐ Delete
CITY-ST-ZIP: ☐ Change ☐ Delete

TITLE: D
NAME: TATUM, LOUANN
STREET ADDRESS: 1631 SW 170 ST
CITY-ST-ZIP: NEWBERRY FL 32669 ☐ Delete

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CITY-ST-ZIP: ☐ Change ☐ Delete

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 of Louann Tatum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90016 032 ***150.00

A0000769



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3308110** Applied For ☐ Not Applied For ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**