

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90102 001 ***476.25

0087056

DOCUMENT # P95000063117

1. Entity Name

TATE PROPERTIES, INC.

Principal Place of Business

**2453 ORLANDO CENTRAL PKWY
 ORLANDO FL 32809**

Mailing Address

**2453 ORLANDO CENTRAL PKWY
 ORLANDO FL 32809**

00040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335283

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LATIMER, DUANE
 1950 COVE COLONY RD
 MAITLAND FL 32751**

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

Duane Latimer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 8, 2001

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, 2001 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 ☐ Delete
 NAME **CEO**
 STREET ADDRESS **TATE, WILLIAM A**
 CITY-ST-ZIP **2931 SUMMERFIELD RD.
 WINTER PARK FL**

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **TATE, JOHN A**
 CITY-ST-ZIP **1633 DORMONT LN
 ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2537 MAITLAND CROSSING WAY #12-203**
 CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TATE, HELEN B**
 CITY-ST-ZIP **2931 SUMMERFIELD RD
 WINTER PARK FL 32792**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LATIMER, DUANE A**
 CITY-ST-ZIP **1950 COVE COLONY RD
 MAITLAND FL 32757**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DECKER, SHARON L**
 CITY-ST-ZIP **212 ROBIN LEE RD.
 OVIEDO FL 32765**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SULLIVAN, SANDRA**
 CITY-ST-ZIP **PO BOX 6935
 SNOWMASS VILLAGE CO 81615**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **0142 Beach Blow Inn**
 CITY-ST-ZIP **Basalt, Co. 81621**

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:

Helen B. Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-01

Date

Daytime Phone #

CR2E034 (10/00)