2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000063117

Entity Name: TATE PROPERTIES, INC.

Jan 21, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2453 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 2453 ORLANDO CENTRAL PKWY ORLANDO, FL 32809 FEI Number: 59-3335283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LATIMER, DUANE 1950 COVE COLONY RD MAITLAND, FL 32751 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition Name: TATE, WILLIAM A Name: 2931 SUMMERFIED RD. Address: Address: City-St-Zip: WINTER PARK, FL City-St-Zip: Title: Title: () Delete (X) Change () Addition TATE, JOHN A Name: Name: TATE, JOHN A 2537 MAITLAND CROSSING WAY #12-203 2130 DELORAINE TRAIL Address: Address: ORLANDO, FL 32810 MAITLAND, FL 32751 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition TATE, HELEN B Name: Name: 2931 SUMMERFIELD RD Address: Address: WINTER PARK, FL 32792 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition LATIMER, DUANE A LATIMER, DUANE A Name: Name: Address: 1950 COVE COLONY RD Address: 1950 COVE COLONY RD City-St-Zip: MAITLAND, FL 32757 City-St-Zip: MAITLAND, FL 32751 Title: Title: () Delete () Change () Addition DECKER, SHARON L Name: Name: 212 ROBIN LEE RD. Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: () Delete Title: () Change () Addition SULLIVAN, SANDRA Name: Name: 0142 BEACH BLOW LANE. Address: Address: City-St-Zip: City-St-Zip: BASALT, CO 81621

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE A. LATIMER

D 01/21/2002

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or