

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**  
 05-24-2002 91313 031 \*\*\*150.00

**DOCUMENT # P95000090344**

1. Entity Name

**TAM REALTY & DEVELOPMENT, INC.**

Principal Place of Business

**2855 SE 58 AVE  
 Ocala FL 34471**

Mailing Address

**2855 SE 58 AVE  
 Ocala FL 34471**

2. Principal Place of Business

3. Mailing Address

**255 SW 60 AVE**

**255 SW 60 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ocala, FL**

City & State

**Ocala FL**

4. FEI Number

**59-3363361**

Applied For

Not Applicable

Zip

**34474**

Country

**USA**

Zip

**34474**

Country

**USA**

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

**FANNON, JOHN H  
 2859 SE 58TH AVE  
 Ocala FL 34471**

Name

**John H. Fannon**

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

**255 SW 60 AVE**

City

**Ocala FL**

FL

Zip Code

**34474**

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]*

**John H. Fannon**

**April 29, 02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P FANNON, JOHN H 2855 SE 58TH AVENUE OCALA FL 34471</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ELLIS, JOE 2855 SE 58TH AVE OCALA FL 34472</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

**SIGNATURE: [Signature]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29, 02 352 694-2200**  
 Date Daytime Phone #

CR2E034 (9/01)