

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028292

1. Entity Name

TAMARACK FUNDING CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

04-13-2000 90102 035 ***158.75

Principal Place of Business

Mailing Address

6245 N FEDERAL HWY #201
FT LAUDERDALE FL 33308

6245 N FEDERAL HWY #201
FT LAUDERDALE FL 33308-1915

2. Principal Place of Business

3. Mailing Address

1000 W. McNab Rd.

114 N. Commercial St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #166

n/a

City & State

City & State

Panama Beach, FL

Branson, MO

Zip

Zip

33069

Country

Country

USA

65616

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUART, TRACY E
6245 N FEDERAL HWY #201
FT LAUDERDALE FL 33308

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

2/29/00

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 PCEO
NAME ISAACS, GARRY
STREET ADDRESS 524 RIVER DR
CITY-ST-ZIP BRANSON MO 65616 ☐ Delete

TITLE
NAME
STREET ADDRESS 140 TYLER
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP&E
NAME STUART, TRACY E
STREET ADDRESS 1528 NE 16TH TERRACE
CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

954-202-0906

Daytime Phone #

CR2E034 (9/99)