

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90458 018 ***158.75

DOCUMENT # P97000069819

1. Entity Name

TAURUS - FLORIDA OPERATIONS, INC.

Principal Place of Business

Mailing Address

1400 EAST NEWPORT CENTER DR., STE. 209
 DEERFIELD BEACH FL 33422

1400 EAST NEWPORT CENTER DR., STE. 209
 DEERFIELD BEACH FL 33442-7713

2. Principal Place of Business

1350 E. Newport Center

3. Mailing Address

PO BOX 4219

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

Zip

33442

Country

USA

Zip

33442-4219

Country

USA

6. Name and Address of Current Registered Agent

KAY, JAMES R

777 S. FLAGLER, STE. 900, EAST TOWER

AKERMAN, SENTERFITT & EDISON, P.A.

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0775435

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **REIBLING, LORENZ**
 STREET ADDRESS **1400 EAST NEWPORT CENTER DR., STE. 209**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33422**

TITLE **DP** ☐ Delete
 NAME **REIBLING, GUENTHER**
 STREET ADDRESS **1400 EAST NEWPORT CENTER DR., STE. 209**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33422**

TITLE **VPS** ☐ Delete
 NAME **KASSOF, LINDA**
 STREET ADDRESS **1400 EAST NEWPORT CENTER DR**
 CITY-ST-ZIP **DEERFIELD BCH FL 33422**

TITLE **EVP** ☐ Delete
 NAME **RILEY, RODNEY**
 STREET ADDRESS **100 S ORANGE AVE**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1350 E. Newport Center Dr. Ste 206**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1350 E. Newport Center Dr. Ste 206**
 CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **1350 E. Newport Center Dr. Ste 206**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Linda G. Kassof
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda G. Kassof 4/27/00

Date

Daytime Phone #

CR2E034 (9/99)