

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098848

1. Entity Name

TAMBERS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90069 033 ***150.00

Principal Place of Business

Mailing Address

6000 B SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH FL 32082
US

TAMBERS, INC.
6000B SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH FL 32082-5026

2. Principal Place of Business

Mailing Address

Tambers, Inc.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3488562

Applied For

Not Applicable

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

WILLIAMS, MICHAEL P
8810 GOODBYS EXECUTIVE DR, STE A
JACKSONVILLE FL 32217

Name KEITH R. LEOFORD

Street Address (P.O. Box Number is Not Acceptable)
5721 STRATFORD LN.

City LAKELAND

FL

Zip Code 33813

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

Keith R. Leoford KEITH R. LEOFORD S/T

4-14-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME TAMMY D WILLIAMS
STREET ADDRESS 25995 MARSH LANDING PKWY
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE VP ☒ Change ☐ Addition
NAME Tammy D. Williams
STREET ADDRESS 224 Gnarled Oaks Drive
CITY-ST-ZIP Ponte Vedra Bch, FL 32082

TITLE VP ☐ Delete
NAME AMBER POWERS
STREET ADDRESS 25995 MARSH LANDING PKWY
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE VP ☒ Change ☐ Addition
NAME AMBER POWERS
STREET ADDRESS 225 GNARLED OAKS DR
CITY-ST-ZIP PONTE VEDRA Bch, FL 32082

TITLE P ☐ Delete
NAME DEBRA L BOWLES
STREET ADDRESS 3001 S PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE President ☒ Change ☐ Addition
NAME Debra L. Bowles
STREET ADDRESS 64 Lake Drive
CITY-ST-ZIP Palm Beach Shores, FL 33404

TITLE ST ☒ Delete
NAME PATRICE L BUCKLEY
STREET ADDRESS 108 SOUTHBRIDS WAY
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE S/T ☐ Change ☒ Addition
NAME KEITH R. LEOFORD
STREET ADDRESS 5721 STRATFORD LN.
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Keith R. Leoford KEITH R. LEOFORD S/T

Date

4/14/00

Daytime Phone #

863-647-3991

CR2E034 (9/99)