

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**  
 02-14-2000 90001 038 \*\*\*150.00

**DOCUMENT # P98000028899**

1. Entity Name  
**TF VENTURES, INC.**

Principal Place of Business  
**MURRELL ROAD, SUITE 100**  
**FL 32940**

Mailing Address  
**7380 MURRELL ROAD, SUITE 100**  
**MELBOURNE FL 32940-8130**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**325 5th Ave.**  
 Suite, Apt. #, etc.  
**#207**  
 City & State  
**INDIALANTIC**  
 Zip  
**32903** Country  
**USA**

3. Mailing Address  
**P.O. Box 3659**  
 Suite, Apt. #, etc.  
 City & State  
**INDIALANTIC**  
 Zip  
**32903** Country  
**USA**

4. FEI Number **59-3522245** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOONIN, LAUREN B**  
**325 5TH AVE**  
**INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDT	THOMPSON, C W	3970 PKWY DR	MELBOURNE FL 32934	<input type="checkbox"/>
SD	FAUST, CHARLES R	4116 N OCEAN DR STE 700	LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/>
VD	KOONIN, LAUREN B	325 5TH AVE	MELBOURNE FL 32903	<input type="checkbox"/>
D	VOLKERT, LEON	4116 N OCEAN DR STE 700	LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

**Lauren B. Koonin** 1-31-00 (321) 725-7500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)