

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057994

1. Entity Name

TAMARAC FRUIT STAND INC.

Principal Place of Business

4160 NW 106 AVE
CORAL SPRINGS FL 33065

Mailing Address

4160 NW 106 AVE
CORAL SPRINGS FL 33065-2328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0879081

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

MCGONIGLE, JAMES T
6221 BANYAN TERRACE
PLANTATION FL 33317

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, type.

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

D

Delete

Change

Addition

NAME

SMITH, ROSSWELL

STREET ADDRESS

4160 NW 106 AVE

CITY-ST-ZIP

CORAL SPRINGS FL 33065

TITLE

D

Delete

Change

Addition

NAME

SMITH, BARBARA

STREET ADDRESS

4160 NW 106 AVE

CITY-ST-ZIP

CORAL SPRINGS FL 33065

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

CR2E034 (9/99)

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:

SMITH, ROSSWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

Daytime Phone #