

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90009 044 ***150.00

0081751 AV

DOCUMENT # P98000098341
1. Entity Name
TANDEM REGIONAL MANAGEMENT OF FLORIDA, INC.

Principal Place of Business **Mailing Address**
2040 WINTER SPRINGS BLVD. **2040 WINTER SPRINGS BLVD.**
OVIDO FL 32765 **OVIDO FL 32765**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
2111 Glenwood Drive **2111 Glenwood Drive**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite 202 **Suite 202**

City & State **City & State** **4. FEI Number** **Applied For**
Winter Park, FL **Winter Park, FL** **59-3544307** **Not Applicable**
Zip **Country** **Zip** **Country**
32792 **Orange** **32792** **Orange**

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEERING, LAWRENCE R		NAME		
STREET ADDRESS	200 CORPORATE CENTER DR., STE. 360		STREET ADDRESS		
CITY-ST-ZIP	MOON TOWNSHIP PA 15108		CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONTE, JOSEPH D		NAME		
STREET ADDRESS	2040 WINTER SPRINGS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	OVIDO FL 32765		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURCIO, EUGENE R		NAME		
STREET ADDRESS	200 CORPORATE CENTER DR STE 360		STREET ADDRESS		
CITY-ST-ZIP	MOON TOWNSHIP PA 15108		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02 **(407)647-3094**
Date Daytime Phone #

CR2E034 (9/01)