

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067213

1. Entity Name

PALM HARBOR BUSINESS CENTER, INC.

Principal Place of Business

1108 NEBRASKA AVENUE  
PALM HARBOR FL 34683

Mailing Address

1108 NEBRASKA AVENUE  
PALM HARBOR FL 34683

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 59-3597019

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAUBER, LINDA M  
600 LORRAINE STREET  
CRYSTAL BEACH FL 34681

7. Name and Address of New Registered Agent

Name LINDA M. TAUBER

Street Address (P.O. Box Number is Not Acceptable)  
613 mayo street N.

City Crystal Beach

FL

Zip Code 34681

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

*Linda M. Tauber*  
Signature, typed or printed name of registered agent and title if applicable.

LINDA M. TAUBER  
(NOTE: Registered Agent signature required when reinstating)

3/14/01  
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, 2001 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 PD  
NAME TAUBER, LINDA  
STREET ADDRESS 600 LORRAINE ST  
CITY-ST-ZIP CRYSTAL BEACH FL 34681 ☐ Delete

TITLE STD  
NAME HEALY, JUDY  
STREET ADDRESS 9054 ELDRIDGE RD  
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 M. Tauber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01 (727) 771-0964

FILED

Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90002 006 \*\*\*158.75

934591



DO NOT WRITE IN THIS SPACE

0425761

CR2E034 (10/00)