

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068175

1. Entity Name

TFC VENTURES, INC.

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

04-24-2000 90102 001 ***150.00

Principal Place of Business

Mailing Address

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

~~POST OFFICE BOX 273752~~
~~BOCA RATON FL 33427-3752~~

2. Principal Place of Business

3. Mailing Address

265 SUNRISE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 204

City & State

City & State
Palm Beach, FL

Zip

Country

Zip
33480

Country

USA

4. FEI Number

65-0943015

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

THOMAS V. FLYNN

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

265 SUNRISE AVE., Suite 204

City

Palm Beach

FL

Zip Code

33480

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

Thomas V. Flynn

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
FLYNN, THOMAS V
265 SUNRISE AVENUE, Suite 204
PALM BEACH FL 33480 ☐ Delete

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

TITLE
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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:

Thomas V. Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

561-8325696

Daytime Phone #

CR2E034 (9/99)