

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S17731

1. Entity Name

TARA HOMES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90019 023 ***150.00

Principal Place of Business

2111 NE 13TH PLACE
OCALA FL 34470
US

Mailing Address

2111 NE 13TH PLACE
OCALA FL 34470-7723
US

2. Principal Place of Business

1205 NE 21st Terrace
Suite, Apt. #, etc.

3. Mailing Address

1205 NE 21st Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3045073

Applied For

Not Applicable

Zip

34470

Country

Marion

Zip

34470

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANGELOSI, JOSEPH
5075 NE 7TH PL
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

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

2612 SE 22nd Ave

City

OCALA

FL

Zip Code

34471

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 PDV
NAME CANGELOSI, JOSEPH J.
STREET ADDRESS 5075 NE 7TH PL
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE STD
NAME CANGELOSI, SHARON K.
STREET ADDRESS 5075 NE 7TH PL
CITY-ST-ZIP Ocala FL 34470 ☐ 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 2612 SE 22nd Ave
CITY-ST-ZIP Ocala FL 34471 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2612 SE 22nd Ave
CITY-ST-ZIP Ocala FL 34471 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000

Date

352-867-7718

Daytime Phone #

CR2E034 (9/99)