

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57986

1. Entity Name
TUZEE ASSOCIATES INCORPORATED

Principal Place of Business
C/O GALLAGHER & COMPANY, PA
3501 DEL PRADO BLVD., #204
CAPE CORAL FL 33904
US

Mailing Address
C/O GALLAGHER & COMPANY, PA
3501 DEL PRADO BLVD., #204
CAPE CORAL FL 33904
US

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 65-0266121

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

TUZEE, JOHN F
C/O GALLAGHER & COMPANY, PA
3501 DEL PRADO BLVD., #204
CAPE CORAL FL 33904

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, 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, 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 P ☐ Delete
NAME TUZEE, JOHN F
STREET ADDRESS 11010 BOW RD
CITY-ST-ZIP PRESQUE ISLE WI 54557

TITLE S ☐ Delete
NAME TUZEE, DIANE B
STREET ADDRESS 11010 BOW RD
CITY-ST-ZIP PRESQUE ISLE WI 54557

TITLE D ☐ Delete
NAME AYLSWORTH, JOHN T.
STREET ADDRESS ~~800 ROTHBURY COURT~~
CITY-ST-ZIP ~~LAKE BLUFF IL 60044~~

TITLE D ☐ Delete
NAME SHAHINIAN, RENEE T.
STREET ADDRESS ONE HELM CREST
CITY-ST-ZIP ALISA VIEJO CA 92656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 997 THORNBERRY CREEK DR
CITY-ST-ZIP ONEIDA WI 54155

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

John Gallagher RA
CPS

Date

4/27/01

Daytime Phone #

(941) 5424400



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)