

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90011 023 ***150.00

02/21/02 11

DOCUMENT # 609724

1. Entity Name
TROPICAL GOLF ASSOCIATES, INC.

Principal Place of Business

**8504 BUCKINGHAM PL
 PALMETTO FL 34221
 US**

Mailing Address

**8504 BUCKINGHAM PL
 PALMETTO FL 34221
 US**

2. Principal Place of Business

**339 6th Ave W
 Suite, Apt. #, etc.
 Bradenton**

City & State
FL

Zip
34205

Country
USA

3. Mailing Address

**339 6th Ave W
 Suite, Apt. #, etc.
 Bradenton**

City & State
FL

Zip
34205

Country

4. FEI Number
59-1911045

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LORANG, JOHN H III
 8504 BUCKINGHAM PL
 PALMETTO FL 34221**

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

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, 2002 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 **S** ☐ Delete
 NAME **LORANG III, JOHN H**
 STREET ADDRESS **6405 SPYGLASS**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **D** ☐ Delete
 NAME **DORRIS, VIRGINIA A**
 STREET ADDRESS **339 6TH AVE W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **PVT** ☐ Delete
 NAME **LORANG, GRACE A**
 STREET ADDRESS **8504 BUCKINGHAM PL**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **T** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PV** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **845 - Eagles Nest Rd**
 CITY-ST-ZIP **WAYNESVILLE, NC 28786**

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:

Grace A. Lorang
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)