

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732454

1. Entity Name

THE TROPICAL SHORES CIVIC CLUB, INC.

Principal Place of Business

1601 LIVINGSTONE ST  
SARASOTA FL 34231

Mailing Address

1601 LIVINGSTONE ST  
SARASOTA FL 34231

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

59-1030574

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

PAUL, AMY  
1663 COLLEEN ST.  
SARASOTA FL 34231

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                                                |                                                               |                                            |
|------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ROSENBERG, GAIL<br>1705 WHARF<br>SARASOTA FL 34231       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>REIST, CHARLES<br>1613 LIVING STONE<br>SARASOTA FL 34231 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>PAUL, AMY<br>1163 COLLEEN<br>SARASOTA FL 34231           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PACKER, DON<br>1638 BAYONNE<br>SARASOTA FL 34231         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROMANCE, MARK<br>1627 WHARF RD<br>SARASOTA FL 34231      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRUCE, BOB<br>1673 STOYCE<br>SARASOTA FL 34231           | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                |                                                                              |
|------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PAUL, AMY<br>1663 COLLEEN ST<br>SARASOTA, FL 34231        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LAURITSEN, TERRY<br>8639 DUNMORE DR<br>SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BRUCE, BOB<br>1673 JOYCE ST<br>SARASOTA, FL 34231         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HERBOLD, BOB<br>1683 BAYONNE<br>SARASOTA, FL 34231        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AYRE, JOHN<br>1729 COLLEEN<br>SARASOTA, FL 34231          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90097 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0005874

CR2E037 (10/00)

DOCUMENT #732454

TROPICAL STORES CIVIC CLUB INC

DOC. # 732454  
900621

#10 continued

OFFICERS + DIRECTORS

D  
BENNETT, TOM  
1633 DUNMORE WAY  
SARASOTA, FL 34231

D  
CACCIA, CHRIS  
1659 COLLEEN  
SARASOTA, FL 34231

D  
LORENZ, JAY  
1613 WHARF  
SARASOTA, FL 34231

D  
LORENZ, THERESA  
1613 WHARF  
SARASOTA, FL 34231

D  
MUNKELWITZ, LOU  
1632 DUNMORE WAY  
SARASOTA, FL 34231