# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002788

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TROPICART, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WILLIAM F. SWEENEY<br>814 HIGHWAY A1A, SUITE 300<br>PONTE VEDRA BEACH FL 32004-1588 | P.O. BOX 1588<br>PONTE VEDRA BEACH FL 32004-1588 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 65 KING STREET | 65 KING STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| St. Augustine, FL | St. Augustine, FL |
| Zip: 32084 Country: USA | Zip: 32084 Country: USA |

4. FEI Number 59-3579420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BLACKBURN, DENNIS L<br>SUITE 200, SOUTHPOINT BUILDING<br>6620 SOUTHPOINT DRIVE, SOUTH<br>JACKSONVILLE FL 32216 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SWEENEY, WILLIAM F<br>12445 OLD STILL ROAD<br>PONTE VEDRA BEACH FL 32082 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 800003099528--8<br>-01/14/00--01090--002<br>*****50.00 *****50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SWEENEY, LINDA<br>12445 OLD STILL ROAD<br>PONTE VEDRA BEACH FL 32082 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>WEEKS, WILLIAM C JR<br>74 KEY HAVEN ROAD<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 5109 OTTER CREEK DRIVE<br>Ponte Vedra Bch, FL 32082 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>WEEKS, A. KAREN KING<br>74 KEY HAVEN ROAD<br>KEY WEST FL 33040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 5109 OTTER CREEK DRIVE<br>Ponte Vedra Beach, FL 32082 | ☒ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** William C. Weeks, JR. William C. Weeks, JR. 1/5/00 (904) 829-1925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #