

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004699

1. Entity Name

TROOP 181, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90085 040 ****61.25

Principal Place of Business
4620 SANTA MARIA
CORAL GABLES FL 33146

Mailing Address
4620 SANTA MARIA
CORAL GABLES FL 33146-1133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0648611

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

THOMAS V. EAGAN, P.A.
200 SOUTH BISCAYNE BLVD.
SUITE 4000
MIAMI FL 33131

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D EAGAN, JUDY A**
 STREET ADDRESS **4620 SANTA MARIA**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EAGAN, THOMAS V**
 STREET ADDRESS **4620 SANTA MARIA**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BRAHMS, JERE**
 STREET ADDRESS **7791 N.W. 14TH ST.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Judith A Eagan* **REQUITUDH A Eagan**

1-17-2000 (305)663-9917

CR2E037 (9/99)