

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** V66108  
 1. Entity Name  
**Tropical Harbors, Inc.**

**FILED**  
 01 FEB 23 AM 10:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 1201 Hays Street  
 Tallahassee, FL 32301

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 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  
 CORPORATION SERVICE COMPANY  
 1201 Hays Street  
 Tallahassee, FL 32301

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	Patricia Pizzuto 1201 Hays Street Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judith Blancett 1201 Hays Street Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003757585--4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Patricia Pizzuto 2-22-01 850-521-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patricia Pizzuto

CR2E034 (11/00)

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ACCOUNT NO. : 072100000032  
REFERENCE : 041412 4357259  
AUTHORIZATION : Patricia Pigute  
COST LIMIT : \$ 150.00

ORDER DATE : February 22, 2001  
ORDER TIME : 5:06 PM  
ORDER NO. : 041412-015  
CUSTOMER NO: 4357259  
CUSTOMER: Ms. Laura R. Dunlap  
Corporation Service Company  
2711 Centerville Road  
Suite 400  
Wilmington, DE 19808

DOMESTIC FILINGS

NAME: TROPICAL HARBORS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 FEB 23 AM 8:57  
DIVISION OF CORPORATION