

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 217297
1. Entity Name
 TROPICANA GARDENS, INC

FILED

00 SEP -5 PM 12:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4001 S. OCEAN BLVD
 PALM BEACH, FL 33480
Mailing Address 4001 S. OCEAN BLVD
 PALM BEACH, FL 33480

03-02-00 90030 031 \$61.25
 08-02-00 90001 018 \$550.00
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEL Number 59-1163175
 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Associated Property Management
 400 South Dixie Hwy, #10
 Lake Worth, FL 33460

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]* DATE: 8/31/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS \$81.25

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	D	<input type="checkbox"/> Delete
NAME	JAY GASTON	
STREET ADDRESS	4001 S. OCN BLVD	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KATHLEEN BRADLEY	
STREET ADDRESS	4001 S. OCN BLVD	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME	EVA RICHTER	
STREET ADDRESS	4001 S OCN BLVD	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARIANNE MCKENNA	
STREET ADDRESS	4001 S. OCN BLVD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	RICHARD BRANDT	
STREET ADDRESS	4001 S. OCN BLVD	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD BRANDT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600003397836--6	
STREET ADDRESS	--09/19/00--01033--002	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *[Signature]* DATE: 8/11/00