

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 168274

1. Entity Name

SUB-TROPICAL OPPORTUNE PROPERTIES INC

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90015 043 ***150.00

Principal Place of Business

Mailing Address

1903 S. 25TH STREET
SUITE 201
FT PIERCE FL 34947

PO BOX 670
FORT PIERCE FL 34954-0670
US

808057



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

59-0670663

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINTON, JOHN L
4905 4TH ST
VERO BEACH FL 32962

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
NAME MINTON, O R SR ☒ Delete
STREET ADDRESS 1001 SO 11 STR
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MINTON, SHIRLEY ANN ☐ Delete
STREET ADDRESS 1001 S. 11TH ST.
CITY-ST-ZIP FT PIERCE FL

TITLE D ☒ Change ☐ Addition
NAME Minton, Shirley Ann
STREET ADDRESS 2501 S. Indian River Drive
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE DP
NAME MINTON, MICHAEL D. ☐ Delete
STREET ADDRESS 2513 S. INDIAN RIVER DR.
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME MINTON, B.T. ☐ Delete
STREET ADDRESS 8431 HIDDEN PINES RD.
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MINTON, JOHN L. ☐ Delete
STREET ADDRESS 4905 4TH STREET
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME LONGINO, BERT P ☐ Delete
STREET ADDRESS 1110 CLUB DR
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 561-464-357