

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # 217297

1. Entity Name

TROPICANA GARDENS, INC.

UL 7 200 ✓

FILED
Aug 23, 2000 8:00 am
Secretary of State

03-02-2000 90030 031 ****61.25
08-02-2000 90001 018 ***550.00

Principal Place of Business

4001 SO. OCEAN BLVD.
SO PALM BEACH FL 33480

Mailing Address

4001 SO. OCEAN BLVD.
SO PALM BEACH FL 33480

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

59-1163175

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

DICKER, EDWARD
1500 AUSTRALIAN AVE SOUTH
SUITE #600
WEST PALM BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

Associated Property Management
400 South Dixie Highway
Suite #10

City

LAKE WORTH

FL

Zip Code

33460

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

Rosemary M. Kessy, V.P./Gen'l Mgr

7/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	Director BRANDT, RICHARD 4001 S. OCEAN BLVD #218 SPB FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, DOROTHY 4001 S. OCEAN BLVD, #313 SPB FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, RICHARD 4001 S OCEAN BLVD #314 S. PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENNA, MARIANNE 4001 S. OCEAN BLVD #201 S. PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METHERELL, CARY 4001 S OCEAN BLVD #214 S. PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADLEY, KATHLEEN 4001 S. OCEAN BLVD. #205 S. PALM BEACH FL 33480	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASTON, JAY 4001 South Ocean Blvd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 217297

081500

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TROPICANA GARDENS, INC.

(R) JUL 7 2001

107384

Principal Place of Business
4001 SO. OCEAN BLVD.
SO PALM BEACH FL 33480

Mailing Address
4001 SO. OCEAN BLVD.
SO PALM BEACH FL 33480



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

59-1163175

Applied For

Not Applicable

Zip

Country

Zip

Country

33460

USA

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKER, EDWARD
1500 AUSTRALIAN AVE SOUTH
SUITE #600
WEST PALM BEACH FL

Name Associated Property Management
Street Address (P.O. Box Number is Not Acceptable)
400 South Dixie Highway
Suite #10
City Lake Worth FL Zip Code 33460

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 Rosemary M. Kessy, V.P./Gen'l Mgr

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DATE 7/10/00

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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Delete
NAME	BRANDT, RICHARD	
STREET ADDRESS	4001 S. OCEAN BLVD #216	
CITY-ST-ZIP	SPB FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DOROTHY	
STREET ADDRESS	4001 S. OCEAN BLVD, #313	
CITY-ST-ZIP	SPB FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERGER, RICHARD	
STREET ADDRESS	4001 S OCEAN BLVD #314	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKENNA, MARIANNE	
STREET ADDRESS	4001 S. OCEAN BLVD #201	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METHERELL, CARY	
STREET ADDRESS	4001 S OCEAN BLVD #214	
CITY-ST-ZIP	S. PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADLEY, KATHLEEN	
STREET ADDRESS	4001 S. OCEAN BLVD. #205	
CITY-ST-ZIP	S. PALM BEACH FL 33480	

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaston, Jay	
STREET ADDRESS	4001 South Ocean Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: SIGNATURE REQUIRED

8/9/00

561-2156

CR2E034 (5/00)