

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

217297

1. Entity Name

TROPICANA GARDENS, INC

Principal Place of Business

Mailing Address

4001 S. OCEAN BLVD
PALM BEACH, FL 33480

4001 S. OCEAN BLVD
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. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/31/00

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 ☐ Delete

NAME JAY GASTON
STREET ADDRESS 4001 S. OCN BLVD
CITY-ST-ZIP PALM BCH, FL 33480

TITLE ☐ Delete

NAME KATHLEEN BRADLEY
STREET ADDRESS 4001 S. OCN BLVD
CITY-ST-ZIP PALM BCH, FL 33480

TITLE ☐ Delete

NAME EVA RICHTER
STREET ADDRESS 4001 S OCN BLVD
CITY-ST-ZIP PALM BCH, FL 33480

TITLE ☐ Delete

NAME MARIANNE MCKENNA
STREET ADDRESS 4001 S. OCN BLVD
CITY-ST-ZIP PALM BCH FL 33480

TITLE ☒ Delete

NAME RICHARD BRANDT
STREET ADDRESS 4001 S. OCN BLVD
CITY-ST-ZIP PALM BCH FL 33480

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME RICHARD BRANDT
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME 600003397836--6
STREET ADDRESS --09/19/00--01033--002
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Signature, typed or printed name of signing officer or director

8/11/00

Date

Daytime Phone #