

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695924

1. Entity Name

EL MAR TROPIC RANCH, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90030 016 ***150.00

Principal Place of Business
4560 EL MAR DRIVE
LAUDERDALE BY THE SEA FL 33308
US

Mailing Address
4560 EL MAR DR
LAUDERDALE BY TH SEA FL 33308-3608
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4560 El-mar
Suite, Apt. #, etc.

City & State
Lauder-by-the-Sea
Zip
33308
Country
America

City & State
Zip
Country

4. FEI Number
59-2110216
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
OSBURN, LINDA
4560 EL MAR DR
LAUDERDALE BY THE SEA FL 33308

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: Linda Osburn
LINDA OSBURN MGR.
4/28/00
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, RALPH 288 EASTFORD RD SOUTHBRIDGE MA 01550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGAN, MARY 2114 EARL LANE SPRINGFIELD FL 55075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALA, FRANK 2135 WIGGIN AVE SPRINGHILL FL 62704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASKOWIA, JOYCE 1157 CIRCLE MENDOTA HGTS MN 55118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN, JOHN BOX 7828, 8 WOODMONT DR LAWRENCEVILLE NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASKOWIAK, LEONARD 1157 KINGSLEY CIRCLE MENDOTA HEIGHTS MN <input type="checkbox"/> Delete	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: Linda Osburn
LINDA OSBURN MGR.
4/28/00
954/772-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #