

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695924

1. Entity Name

EL MAR TROPIC RANCH, INC.

Principal Place of Business

~~CAROL BOWERS~~
4560 EL MAR DRIVE
LAUDERDALE-BY-TH-SEA FL 33308
US

Mailing Address

4560 EL MAR
LAUDERDALE BY TH SEA FL 33308
US

2. Principal Place of Business

El Mar Tropic Ranch

3. Mailing Address

Same

City & State

City & State

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

~~OSBORN, LINDA~~
4560 EL MAR DR
LAUDERDALE BY THE SEA FL 33308

7. Name and Address of New Registered Agent

Name Carol Bowers
Street Address (P.O. Box Number is Not Acceptable)
4560 EL MAR DRIVE
City Lauderdale by the Sea FL Zip Code 33308

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

CAROL BOWERS

Carol Bowers

3-7-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2002 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

TITLE TD
NAME MILLER, RALPH
STREET ADDRESS 288 EASTFORD RD
CITY-ST-ZIP SOUTHBRIDGE MA 01550

TITLE D
NAME REGAN, MARY
STREET ADDRESS 2114 EARL LANE
CITY-ST-ZIP SPRINGFIELD FL 55075

TITLE D
NAME VALA, FRANK
STREET ADDRESS 2135 WIGGIN AVE
CITY-ST-ZIP SPRINGHILL FL 62704

TITLE D
NAME JASKOWIA, JOYCE
STREET ADDRESS 1157 CIRCLE
CITY-ST-ZIP MENDOTA HGTS MN 55118

TITLE D
NAME BRIAN, JOHN
STREET ADDRESS BOX 7828, 8 WOODMONT DR
CITY-ST-ZIP LAWRENCEVILLE NJ

TITLE D
NAME JASKOWIAK, LEONARD
STREET ADDRESS 1157 KINGSLEY CIRCLE
CITY-ST-ZIP MENDOTA HEIGHTS MN

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-02

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-08-2002 90002 013 ***150.00

18323



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

954-491-6672