

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704781

1. Entity Name

TROPICAL SHORES MANOR & VENETIAN PARK IMPROVEMEN

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90037 043 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
31941 TROPICAL SHORES DR      31941 TROPICAL SHORES DR  
TAVARES FL 32778      TAVARES FL 32778-4738  
US      US

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      Applied For  
59-6210270      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WHALEY, JUDY  
31941 TROPICAL SHORES DR  
TAVARES FL 32778

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)      DATE

FILE NOW: FEE IS \$61.25      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      P      Delete  
NAME      MILMINE, DON  
STREET ADDRESS      31945 TROPICAL SHORES DR  
CITY-ST-ZIP      TAVARES FL 32778  
TITLE      D      Delete  
NAME      OGLESBY, HOWARD  
STREET ADDRESS      31838 TROPICAL SHORES DR  
CITY-ST-ZIP      TAVARES FL 32778  
TITLE      D      Delete  
NAME      OBERLANDER, BOB  
STREET ADDRESS      31927 TROPICAL SHORES DR  
CITY-ST-ZIP      TAVARES FL 32778  
TITLE      D      Delete  
NAME      RERICK, BILL  
STREET ADDRESS      31947 TROPICAL SHORES DR  
CITY-ST-ZIP      TAVARES FL 32778  
TITLE      V      Delete  
NAME      STEWART, BETTY  
STREET ADDRESS      31937 TROPICAL SHORES DR  
CITY-ST-ZIP      TAVARES FL 32778  
TITLE      ST      Delete  
NAME      WHALEY, JUDY  
STREET ADDRESS      31941 TROPICAL SHORES DR  
CITY-ST-ZIP      TAVARES FL 32778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE      Change      Addition  
NAME      Change      Addition  
STREET ADDRESS      Change      Addition  
CITY-ST-ZIP      Change      Addition  
TITLE      Change      Addition  
NAME      Change      Addition  
STREET ADDRESS      Change      Addition  
CITY-ST-ZIP      Change      Addition  
TITLE      Change      Addition  
NAME      Change      Addition  
STREET ADDRESS      Change      Addition  
CITY-ST-ZIP      Change      Addition  
TITLE      Change      Addition  
NAME      Change      Addition  
STREET ADDRESS      Change      Addition  
CITY-ST-ZIP      Change      Addition

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:      Judy Whaley      4-25-00      352-343-8426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)