2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
01-29-2000 90137 043 ****70.00

DOCUMENT # 712893

1. Entity Name

TROPICAL PARK CIVIC ORGANIZATION, INC.

Principal Place of Business	Mailing Address
WODDY SIMPSON'S PARK RECREATION CNTR. P.O. BOX 541022 MERRITT ISLAND FL 32954-1022	WODDY SIMPSON'S PARK RECREATION CNTR. P.O. BOX 541022 MERRITT ISLAND FL 32954-1022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Woody Simpson Park Rec Cntr	Woody Simpson Park Rec Cntr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ 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
JONES, DEE F 445 OXFORD AVENUE MERRITT ISLAND FL 32953	Name: McDonald, Michael E Street Address (P.O. Box Number is Not Acceptable): 470 Lincoln Avenue City: Merritt Island FL Zip Code: 32953

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 Michael E. McDonald, President — 1-25-2000
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, DEE 445 OXFORD AVE. MERRITT ISLAND FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P McDonald, Michael E 470 Lincoln Avenue Merritt Island FL 32953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCDONALD, MICHAEL 470 LINCOLN AVE MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Payne, Daphne 986 Sable Grove Drive Rockledge FL 32955	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACKSON, EVON 1145 KING STREET MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSTON, ISAAC 1433 N TROPICAL TRAIL MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, JOHN L 1400 N. TROPICAL TRAIL MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDONALD, LINDA L 1400 N. TROPICAL TRAIL MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S McDonald, Linda J 470 Lincoln Avenue Merritt Island FL 32953	☒ 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: Michael E. McDonald — 1-25-2000 — 321-431-6495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #