# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 25, 2002 8:00 am**
**Secretary of State**
03-25-2002 90096 036 ****70.00

DOCUMENT # 712893

1. Entity Name

TROPICAL PARK CIVIC ORGANIZATION, INC.

B00479bb

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| WOODY SIMPSON PARK RECREATION CNTR.<br>P.O. BOX 541022<br>MERRITT ISLAND FL 32954-1022 | WOODY SIMPSON PARK RECREATION CNTR.<br>P.O. BOX 541022<br>MERRITT ISLAND FL 32954-1022 |

| 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 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 |
|---|---|
| MCDONALD, MICHAEL E<br>470 LINCOLN AVENUE<br>MERRITT ISLAND FL 32953 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Michael E. McDonald, President 03/05/02

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<br>MCDONALD, MICHAEL<br>470 LINCOLN AVENUE<br>MERRITT ISLAND FL 32953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MCDONALD, MICHAEL<br>470 LINCOLN AVE<br>MERRITT ISLAND FL 32953 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Payne, Daphne<br>986 Sable Grove Drive<br>Rockledge, FL 32955 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JACKSON, EVON<br>1145 KING STREET<br>MERRITT ISLAND FL 32953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOUSTON, ISAAC<br>1433 N TROPICAL TRAIL<br>MERRITT ISLAND FL 32953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALLEN, JOHN L<br>1400 N. TROPICAL TRAIL<br>MERRITT ISLAND FL 32953 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MCDONALD, LINDA L<br>~~1400 N. TROPICAL TRAIL~~<br>~~MERRITT ISLAND FL 32953~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>McDonald, Linda J<br>470 Lincoln Avenue<br>Merritt Island, FL 32953 | ☒ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED Michael E. McDonald 03/05/02 321-431-6495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #