

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720655

1. Entity Name

PLANTATION TROPICAL PARK, INC.

Principal Place of Business

103 ORCHID STREET  
TAVERNIER FL 33070  
US

Mailing Address

103 ORCHID STREET  
TAVERNIER FL 33070-2453

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

65-0134883

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

MANNY CATANI  
156 ORCHID ST.  
TAVERNIER FL 33070

Name  
NORMAN SELFE

Street Address (P.O. Box Number is Not Acceptable)

177 ORCHID ST

TAVERNIER FL 33070 2453

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MANNY CITANI  
156 ORCHID ST.  
TAVERNIER FL 33070 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NORMAN SELFE  
177 ORCHID ST.  
TAVERNIER FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HALLETT, BETTY  
123 ORCHID ST  
TAVERNIER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SELFE, NORMAN,  
177 ORCHID ST.  
TAVERNIER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
O'HARA ANTHONY J.,  
103 ORCHID ST.  
TAVERNIER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
OHARA MARGARET R.,  
103 ORCHID ST.  
TAVERNIER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
OHARA ANTHONY,  
103 ORCHID ST.  
TAVERNIER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

MARGARET R. O'HARA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-00 305 852-9700

CR2E037 (9/99)