

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720655

1. Entity Name

PLANTATION TROPICAL PARK, INC.

FILED

Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90004 027 ****61.25

Principal Place of Business

Mailing Address

103 ORCHID STREET
TAVERNIER FL 33070
US

103 ORCHID STREET
TAVERNIER FL 33070-2416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0134883

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SELFE, NORMAN
177 ORCHID ST
TAVERNIER FL 33070-2453

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)