

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726411

1. Entity Name  
**TROPIC GROVES, INC.**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90001 032 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
C/O ELLIOTT MERRILL COMMUNITY MGMT      C/O ELLIOTT MERRILL COMMUNITY MGMT  
1105-12TH STREET      1105-12TH STREET  
VERO BEACH FL 32960      VERO BEACH FL 32960-3718  
US      US



DO NOT WRITE IN THIS SPACE

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  
**59-1579430**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MERRILL, KAREN**  
**ELLIOTT MERRILL COMMUNITY MANAGEMENT**  
**1105-12TH STREET**  
**VERO BEACH FL 32960**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MARTIN, ROBERT</b> <b>1166 6TH AVENUE, #C2</b> <b>VERO BEACH FL 32960</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BOXXELL, ELEANOR</b> <b>1166 6TH AVENUE, #B3</b> <b>VERO BEACH FL 32960</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPO</b> <b>POWER, LUCY</b> <b>1166 6TH AVE D-1</b> <b>VERO BEACH FL 32960</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Buzzell, Eleanor</b> <b>1166 6th Avenue, # B3</b> <b>VERO BEACH, FL 32960</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hunt, Toni</b> <b>1166 6th Avenue, #C1</b> <b>VERO BEACH, FL 32960</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eleanor Buzzell*      *2/15/00*      *561 770-1177*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)