

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734698

1. Entity Name

TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1500 ✓

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90154020 \*\*\*\*70.00  
 03-01-2000 90017025 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1500 TROPIC TERR  
 NORTH FT. MYERS FL 33903

1500 TROPIC TERR  
 NORTH FT. MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1644046

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

COTTER, RICHARD T., P.A.  
 6100 ESTERO BLVD  
 FT MYERS BEACH FL 33931

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**  
**After September 13, 2000 min. will be \$236.25**

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 **D.**  Delete  
 NAME **MARSHALL, BONNIE**  
 STREET ADDRESS **1502 TROPIC TERR.**  
 CITY-ST-ZIP **N. FT. MYERS FL**

TITLE **Res**  Change  Addition  
 NAME **Dick Lamb**  
 STREET ADDRESS **1504 Tropic Terrace**  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **HICKS, R.**  
 STREET ADDRESS **1501 TROPIC TERR.**  
 CITY-ST-ZIP **N. FT. MYERS, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **FALLS, HAROLD F.**  
 STREET ADDRESS **1513 TROPIC TERR.**  
 CITY-ST-ZIP **N FT MYERS, FL 00000**

TITLE **Sec**  Change  Addition  
 NAME **Pat McDonald**  
 STREET ADDRESS **1508 Tropic Terrace**  
 CITY-ST-ZIP **N Ft Myers FL 33903**

TITLE **SD**  Delete  
 NAME **DOMINICK, FLOYD**  
 STREET ADDRESS **1528 TROPIC TERR.**  
 CITY-ST-ZIP **N FT MYERS FL**

TITLE **RES.**  Change  Addition  
 NAME **Donna Chandler**  
 STREET ADDRESS **1522 Tropic Terrace**  
 CITY-ST-ZIP **N Ft Myers FL 33903**

TITLE **S**  Delete  
 NAME **SAMB, DICK**  
 STREET ADDRESS **1504 TROPIC TERR**  
 CITY-ST-ZIP **N FT MYERS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Donna Chandler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #