

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012248 AT

DOCUMENT # A95000000767

1. Entity Name

FLORIDA TROPIC, LTD.

Principal Place of Business

2500 MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431

Mailing Address

2500 MILITARY TRAIL, SUITE 200  
BOCA RATON FL 33431

2. Principal Place of Business

101 Pineapple Grove Way

3. Mailing Address

101 Pineapple Grove Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

Country

33444

Zip

Country

33444

4. FEI Number

65-0592487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

FRICKE, HENRY A ESQ.  
2500 MILITARY TRAIL  
SUITE 200  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Fricke, Henry A. Esq.

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

101 Pineapple Grove Way

City

Delray Beach

FL

Zip Code

33444

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

*Henry A. Fricke*

Henry A. Fricke, Esq.

3/1/02

DATE

9. Capital Contributions as Shown on record

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$10,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P95000038429  
NAME TROPIC LAND MANAGEMENT, INC.  
STREET ADDRESS 433 PLAZA REAL, SUITE 275  
CITY-ST-ZIP BOCA RATON FL 33432

13. ADDRESS CHANGES ONLY

STREET ADDRESS

101 Pineapple Grove Way

CITY-ST-ZIP

Delray Beach, FL 33444

STREET ADDRESS

CITY-ST-ZIP

3000005365889--5

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\*\*\*\*158.75 \*\*\*\*158.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

TROPIC LAND MANAGEMENT, INC., a Florida corporation

SIGNATURE: By

*Laura K. Pugliese*

Laura K. Pugliese

3/1/02

561-330-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President

Date

Daytime Phone #

CR2E003 (9/01)