

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000002587

FILED  
Jan 17, 2003  
Secretary of State

Entity Name: ACM - TROPICANA PALMS, INC.

## Current Principal Place of Business:

115 S. LA CUMBRE LANE, SUITE 302  
SANTA BARBARA, CA 93105

## New Principal Place of Business:

## Current Mailing Address:

115 S. LA CUMBRE LANE, SUITE 302  
SANTA BARBARA, CA 93105

## New Mailing Address:

FEI Number: 77-0490915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE SUITE 3000  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: TAYLOR, JAMES S  
Address: 115 S. LA CUMBRE LANE SUITE 302  
City-St-Zip: SANTA BARBARA, CA 931055105

Title: CFO ( ) Delete  
Name: TAYLOR, JAMES S  
Address: 115 S. LA CUMBRE LANE SUITE 302  
City-St-Zip: SANTA BARBARA, CA 931055105

Title: SD ( ) Delete  
Name: BOSS, HUGH M  
Address: 115 S. LA CUMBRE LANE SUITE 302  
City-St-Zip: SANTA BARBARA, CA 931055105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. TAYLOR

PDT

01/17/2003

Electronic Signature of Signing Officer or Director

Date