2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   H92310

1. Entity Name

TROPICANA VILLAGE, INC.

Principal Place of Business	Mailing Address
4744 SE 132ND PLACE 44 S.E. FIRST AVENUE BELLEVIEW FL 32620	4744 SE 132ND PLACE 44 S.E. FIRST AVENUE BELLEVIEW FL 32620

2. Principal Place of Business	3. Mailing Address *10877 SE. 45th AVE*
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State *BELLEVIEW FLORIDA*	4. FEI Number 59-2626511	Applied For / Not Applicable

Zip	Country	Zip *34420*	Country *MARION*	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLANCHARD, CUSTURERI, MERRIAN & ADEL PA 44 S.E. FIRST AVENUE OCALA FL 32671	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** After May 1, 2002 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	*P.D.*	☐ Change	☐ Addition
NAME	DICANDIA, LUCY J.		NAME	*DICANDIA LUCY J*		
STREET ADDRESS	4775 SOUTHEAST 130TH PLACE		STREET ADDRESS	*10877 SE. 45th AVE*		
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP	*BELLEVIEW FL. 34420*		
TITLE	VD	☐ Delete	TITLE	*V.D.*	☐ Change	☐ Addition
NAME	DICANDIA, PAUL II		NAME	*DICANDIA PAUL II*		
STREET ADDRESS	4840 SE 132ND PL		STREET ADDRESS	*10877 SE. 45 AVE*		
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP	*BELLEVIEW FL. 34420*		
TITLE	ST	☐ Delete	TITLE	*S.T.*	☐ Change	☐ Addition
NAME	LEVESQUE, LISA		NAME	*LEVESQUE LISA*		
STREET ADDRESS	4840 SE 132ND PLACE		STREET ADDRESS	*3008 SE. 114th STREET*		
CITY-ST-ZIP	BELLEVIEW FL		CITY-ST-ZIP	*OCALA, FL. 34471*		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   *JAN-7-02*   *352-245-5575*

Date   Daytime Phone #

CR2E034 (9/01)