

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90071 027 ***150.00

DOCUMENT # J16711
 1. Entity Name
TROPIC RIVER GROVE CORPORATION

Principal Place of Business Mailing Address
 1365 N. COURTNEY PKWY 1365 N. COURTNEY PKWY
 SUITE C SUITE C
 MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953-4405
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1351 N. COURTENAY PKWY **1351 N. COURTENAY PKWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE AA **SUITE AA**
 City & State City & State
MERRITT ISLAND, FL **MERRITT ISLAND, FL**
 Zip Country Zip Country
32953 **BREVARD** **32953** **BREVARD**

4. FEI Number 59-2699813 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BOBINSKI, ALEXANDER H.
1365 N. COURTNEY PKWY
SUITE C
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1351 N. COURTENAY PKWY
SUITE AA
 City State Zip Code
MERRITT ISLAND **FL** **32953**

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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOBINSKI, ALEXANDER H. 1365 N. COURTNEY PKWY SUITE C MERRITT ISLAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOBINSKI, C. JEAN 1365 N. COURTENAY PKWY C MERRITT ISLAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1351 N. COURTENAY PKWY SUITE AA
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
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

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 life empowered.

SIGNATURE: *Alexander H. Bobinski* Date: **2/17/00** Daytime Phone #: **321-452-4552**

CR2E034 (9/99)