

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01098

1. Entity Name

TROPICAL CHRISTIAN SCHOOL, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90140 022 ****61.25

Principal Place of Business

Mailing Address

12001 SW 72ND ST
~~P.O. BOX 83147~~ ~~33205-1477~~
MIAMI FL 33183

12001 SW 72ND ST
~~P.O. BOX 83147~~ ~~33205-1477~~
MIAMI FL 33183-2711

2. Principal Place of Business

3. Mailing Address

12001 S.W. 72ND ST

12001 S.W. 72ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33183

33183

4. FEI Number

59-2398487

Applied For

Not Applicabl

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

Name

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

City

FL

Zip Code

J.R. PERKINS, JR.
8820 SW 124TH STREET
MIAMI 33176

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

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 ☐ Delete
NAME ~~VO~~
STREET ADDRESS ~~CLAYPOOL, W.R.~~
CITY-ST-ZIP ~~3849 N. BAYHOMES DR.~~
~~COCONUT GROVE FL 33403~~

TITLE ☐ Change ☒ Addition
NAME ~~D~~
STREET ADDRESS ~~SANTIAGO GONZALEZ~~
CITY-ST-ZIP ~~1935 S.W. 17TH CT.~~
~~MIAMI, FL 33145~~

TITLE ☐ Delete
NAME SD
STREET ADDRESS PERKINS, J.R., JR.
CITY-ST-ZIP 8820 SW 124TH STREET
MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~D~~
STREET ADDRESS ~~RAMSEY, CLARENCE M.~~
CITY-ST-ZIP ~~21800 SW 152ND AVE.~~
~~MIAMI FL 33170~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CD
STREET ADDRESS MITCHELL, KIETH A
CITY-ST-ZIP 511 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS PEEPLES, W.H.
CITY-ST-ZIP 765 W. 76TH ST.
HALEAH FL 33014

TITLE ☒ Change ☐ Addition
NAME CD
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 305/231-7286
Date Daytime Phone #