2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90032 043 ****70.00

DOCUMENT # N35256

1. Entity Name

TRADEWINDS & ATLANTIC RAILROAD, INC.

Principal Place of Business	Mailing Address
TRADEWINDS PARK 3600 W SAMPLE RD COCONUT CREEK FL 33073 US	C/O BETTE GOODWIN 3050 HOLIDAY SPRINGS BLVD..BLDG.18. #308 MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0171880 ☐ Applied For ☐ Not Applicable

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
ARCHER, EDWARD 7383 HIGH RIDGE ROAD LANTANA FL 33462	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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOLLAHAN, JONATHAN 701 SANDALWOOD LN PLANTATION FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRUNO, ANNE 1531 NE 33 COURT POMPANO BEACH FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODWIN, BETTE 4960 NW 15 ST LAUDERHILL FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BETTE GOODWIN 3050 HOLIDAY SPRINGS BLVD - BLDG 18 - #308 MARGATE, FL 33063 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRUBER, ROSE 525 NORTH OCEAN BLVD APT 1920 POMPANO BEACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, ROBERT 2118 N.E. 15 TERRACE FORT LAUDERDALE FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOARD, RICHARD 2650 NE 18 TERRACE LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: BETTE GOODWIN (BETTE GOODWIN) 2-12-02 (954) 753-4367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #