

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90151 017 \*\*\*\*61.25

**DOCUMENT # N36754**

1. Entity Name  
**TROPICAL POST CARD CLUB, INC.**



Principal Place of Business  
**POMPANO BEACH CIVIC CENTER  
1801 NE 6 ST  
POMPANO BEACH FL 33060**

Mailing Address  
**6880 SOUTHWEST 75TH TERRACE  
SOUTH MIAMI FL 33143**

**70001984**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0263144**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOORE, THOMAS G.  
6880 S.W. 75TH TERRACE  
SOUTH MIAMI FL 33143**

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. I am familiar with, and accept the obligations of registered agent.

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 ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **MOORE, THOMAS G.**  
STREET ADDRESS **6880 S.W. 75TH TERRACE**  
CITY-ST-ZIP **SOUTH MIAMI FL**

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

TITLE **D** ☐ Delete  
NAME **LADIN, BENJAMIN**  
STREET ADDRESS **C-2043 NEWCASTLE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **D** ☒ Delete  
NAME **CARTER, EDWARD M**  
STREET ADDRESS **400 NE 20 ST 202B**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☒ Addition  
NAME **Director Silvia Murphy**  
STREET ADDRESS **1501 NE 191 Street Apt 302-C**  
CITY-ST-ZIP **North Miami Beach, FL 33179-4163**

TITLE **D** ☒ Delete  
NAME **GRIFFITH, LEOPALD**  
STREET ADDRESS **19930 SW 118TH PL**  
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ Change ☒ Addition  
NAME **Director Sandra Trutt**  
STREET ADDRESS **210 NW 77th Way**  
CITY-ST-ZIP **Pembroke Pines, FL 33024-7053**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

**THOMAS G. MOORE** (THOMAS G. MOORE) 1-6-03 305-666-0219

CR2E037 (10/02)