

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002583

1. Entity Name

BRADENTON TROPICAL PALMS SOCIAL ACTIVITIES INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90243 006 ****61.25

Principal Place of Business

Mailing Address

2310 14TH STREET WEST
BRADENTON FL

2310 14TH STREET WEST
BRADENTON FL 34205-6406

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

65-0791029

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

KORP, WILLIAM R
333 S. TAMiami TRAIL
SUITE 199
VENICE FL 34292

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	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, MARJORIE	
STREET ADDRESS	2310 14TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAGER, JOAN	
STREET ADDRESS	2310 14TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHIR, LORETTA	
STREET ADDRESS	2310 14TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, NANCY	
STREET ADDRESS	2310 14TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	KIESLER, HAZEL	
STREET ADDRESS	1516 22ND AVE DR W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, GEORGE	
STREET ADDRESS	2506 16TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY WALLER	
STREET ADDRESS	1511 21ST AVE DR W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE MAURER	
STREET ADDRESS	2405 16TH ST CT W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGER, JOAN	
STREET ADDRESS	2310 14TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rix HAM HORACE	
STREET ADDRESS	1402 25TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	

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: Nancy Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 748 4442

CR2E037 (9/99)