

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002583**

1. Entity Name

BRADENTON TROPICAL PALMS SOCIAL ACTIVITIES INC.

Principal Place of Business

Mailing Address

**2310 14TH STREET WEST
BRADENTON FL****2310 14TH STREET WEST
BRADENTON FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0791029Applied 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

**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	WALLER, NANCY	<input type="checkbox"/> Delete
NAME		1511 21ST AVE DR W	
STREET ADDRESS		BRADENTON FL 34205	
CITY-ST-ZIP			
TITLE	D	MAURER, IRENE	<input type="checkbox"/> Delete
NAME		2405 18TH ST CT W	
STREET ADDRESS		BRADENTON FL 34205	
CITY-ST-ZIP			
TITLE	D	MACHIR, LORETTA	<input type="checkbox"/> Delete
NAME		2310 14TH STREET WEST	
STREET ADDRESS		BRADENTON FL	
CITY-ST-ZIP			
TITLE	D	MORRIS, NANCY	<input type="checkbox"/> Delete
NAME		2310 14TH STREET WEST	
STREET ADDRESS		BRADENTON FL	
CITY-ST-ZIP			
TITLE	CP	HAGER, JOAN	<input type="checkbox"/> Delete
NAME		2310 14TH ST W	
STREET ADDRESS		BRADENTON FL 34205	
CITY-ST-ZIP			
TITLE	CP	HORACE, RIXHAM	<input checked="" type="checkbox"/> Delete
NAME		1402 25TH AVE W	
STREET ADDRESS		BRADENTON FL 34205	
CITY-ST-ZIP			

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			<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	Sylvia Veikamp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2310 14th St W	
STREET ADDRESS		BRADENTON FL 34205	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

941-748-4442

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90080 024 ****61.25

00017701

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)