

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036292

1. Entity Name
TROPICAL PROPERTIES OF WEST FLORIDA, INC.

Principal Place of Business

5500-A MARINA DRIVE
HOLMES BEACH FL 34217

Mailing Address

5500-A MARINA DRIVE
HOLMES BEACH FL 34217

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90447 014 ***150.00

C0042741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5500 Marina Dr
Suite, Apt. #, etc.
2

3. Mailing Address

P.O. Box 1232
Suite, Apt. #, etc.

City & State
Holmes Beach, FL

City & State
Holmes Beach, FL

4. FEI Number

65-1004492

Applied For

Not Applicable

Zip
34218

Country
USA

Zip
34218

Country
USA

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

OBERHOFER, GREG
5500-A MARINA DRIVE
HOLMES BEACH FL 34217

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President-Director
NAME Sheila Oberhofer
STREET ADDRESS 5909 Flatilla
CITY-ST-ZIP Holmes Beach, FL 34217 ☐ Delete

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

TITLE Sec-Tr Dir
NAME Elizabeth A. Phelps
STREET ADDRESS 3317 70th St. W.
CITY-ST-ZIP Bradenton, FL 34209 ☐ Delete

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

TITLE VP Dir
NAME John F. Nelson
STREET ADDRESS 6015 Bluff of Presidents
CITY-ST-ZIP Sarasota, FL 34236 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth A. Phelps Elizabeth A. Phelps Date: 4/3/01 941-779-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)