

2002 UNIFORM BUSINESS REPORT (UBR)

0624074 AV

DOCUMENT # P00000070238

1. Entity Name
OS TROPICAL, INC.

FILED

02 MAY -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2202 NORTH WESTSHORE BOULEVARD
5TH FLOOR
TAMPA FL 33607

Mailing Address
2202 NORTH WESTSHORE BOULEVARD
5TH FLOOR
TAMPA FL 33607



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
59-3668622

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

KADOW, JOSEPH J
2202 NORTH WESTSHORE BOULEVARD
5TH FLOOR
TAMPA FL 33607

Name
Street Address (P.O. Box Number is Not Applicable)
000005554998-1
05/18/02-01050-009
****150.00 ****150.00
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 SD
NAME KADOW, JOSEPH J
STREET ADDRESS 2202 NORTH WESTSHORE BOULEVARD 5TH FLOOR
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE COB
NAME Chris T. Sullivan
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE COO
NAME Robert D. Basham
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE CEO, P
NAME Debra A. Eybers
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Sr. VP, AS, T, CFO
NAME Robert S. Merritt
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME Carl Sahlsten
STREET ADDRESS 2202 North West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, FL 33607 ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (813) 282-1225
Date Daytime Phone #

CR2E034 (9/01)