FILED

## 2002 Uniform Business Report (UBR)

## Apr 17, 2002 8:00 am Secretary of State P95000038429 **DOCUMENT #** 1. Entity Name 04-17-2002 90102 046 \*\*\*150.00 TROPIC LAND MANAGEMENT, INC. Principal Place of Business Mailing Address 2500 MILITARY TRAIL 2500 MILITARY TRAIL SUITE 200 SUITE 200 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 101 Pineapple Grove Way 101 Pineapple Grove Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0593711 Delray Beach, FL Delray Beach, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33444 33444 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Fricke, Henry A. Esq. FRICKE, HENRY A ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 Pineapple Grove Way 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431 City Zip Code 33444 Delray Beach 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. Henry A. Fricke, Esq. SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if appl 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PS TITLE ☐ Delete TITLE X Change Addition MOUNT, L.K. NAME NAME Pugliese, Laura K. of last name 2500 MILITARY TRAIL, #200 STREET ADDRESS STREET ADDRESS 101 Pineapple Grove Way and address **BOCA RATON FL 33431** CITY-ST-ZIF CITY-ST-ZIP Delray Beach, FL 33444 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

🕽 REMaura K. Pugliese

changed, or on an attachment with an address, with all other like empowered.

3/1/02 Date

561-330-7000

Daytime Phone #