

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073400

1. Entity Name

TROPICAL PARTNERS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90130 025 ***150.00

Principal Place of Business

Mailing Address

2 N TAMIAMI TR
 STE 410
 SARASOTA FL 34236
 US

P.O. BOX 728
 SARASOTA FL 34230-0728
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1924 South Osprey
 Suite 200

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

4. FEI Number

65-0682352

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCURDY, JEFFREY
 2 N TAMIAMI TR
 STE 410
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1924 S. Osprey Ave.
 Suite 200
 City, State, Zip Code
 Sarasota, FL 34239

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, 2000 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 PTD
 NAME GRIFFIN, WILLIAM D.
 STREET ADDRESS 2 N TAMIAMI TR STE 410
 CITY-ST-ZIP SARASOTA FL 34236 Delete

TITLE Change Addition
 NAME
 STREET ADDRESS 1924 S. Osprey Ave. Suite 200
 CITY-ST-ZIP SARASOTA, FL 34239

TITLE VS
 NAME MCCURDY, JEFFREY
 STREET ADDRESS 2 N TAMIAMI TR STE 410
 CITY-ST-ZIP SARASOTA FL 34236 Delete

TITLE Change Addition
 NAME
 STREET ADDRESS 1924 S. Osprey Ave. Suite 200
 CITY-ST-ZIP SARASOTA, FL 34239

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 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 Date Daytime Phone # 94-316-6800

CR12E034 (9/99)