

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90044 027 \*\*\*150.00

**DOCUMENT # P95000073400**

**1. Entity Name**  
**TROPICAL PARTNERS, INC.**

**Principal Place of Business**

**1924 SOUTH OSPREY  
 SUITE 200  
 SARASOTA FL 34239  
 US**

**Mailing Address**

**P.O. BOX 1329  
 SARASOTA FL 34230  
 US**

**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**

**65-0682352**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**MCCURDY, JEFFREY  
 1924 S OSPREY AVE  
 SUITE 200  
 SARASOTA FL 34239**

**7. Name and Address of New Registered Agent**

Name **W. Lee McGinness**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1800 Second Street  
 Suite 971**  
 City **Sarasota** FL Zip Code **34236**

**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]*  
 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, 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**

**TITLE** **PTD** ☐ Delete  
**NAME** **GRIFFIN, WILLIAM D**  
**STREET ADDRESS** **1924 S OSPREY AVE SUITE 200**  
**CITY-ST-ZIP** **SARASOTA FL 34239**

**TITLE** **VS** ☒ Delete  
**NAME** **MCCURDY, JEFFREY**  
**STREET ADDRESS** **1924 S OSPREY AVE SUITE 200**  
**CITY-ST-ZIP** **SARASOTA FL 34239**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VS** ☐ Change ☒ Addition  
**NAME** **Randal D. Salser**  
**STREET ADDRESS** **1924 S. Osprey Ave, Suite 200**  
**CITY-ST-ZIP** **Sarasota, FL 34239**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/02 (941) 316-6827**

CR2E034 (9/01)