

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043884

1. Entity Name

TROPICAL SPRINGS REALTY, INC.

**FILED**  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90025 035 \*\*\*150.00

Principal Place of Business

Mailing Address

7855 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

7855 W. SAMPLE RD  
CORAL SPRINGS FL 33065-4709

C0023916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

722 RIVERSIDE DR

722 RIVERSIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

4. FEI Number

65-0667528

Applied For

Not Applicable

Zip

33071

Country

Zip

33071

Country

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

NASTASE, LLOYD  
7855 W. SAMPLE RD.  
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

722 RIVERSIDE DR.

CITY CORAL SPRINGS

FL

Zip Code 33071

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	PD	<input type="checkbox"/> Delete
NAME	NASTASE, LLOYD	
STREET ADDRESS	7855 W. SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRKWOOD, ELAINE	
STREET ADDRESS	7855 W. SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS	722 RIVERSIDE DR	
CITY-ST-ZIP	CORAL SPRINGS, FL, 33071	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS	722 RIVERSIDE DR	
CITY-ST-ZIP	CORAL SPRINGS, FL, 33071	
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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 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

Date

Daytime Phone #

ELAINE P. KIRKWOOD 2-16-00 (954) 753-600