

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0117989

DOCUMENT # P96000057541

1. Entity Name

TROPIC LEISURE RECREATION DEVELOPMENT, INC.

03-19-2001 90475 028 ***150.00

Principal Place of Business

Mailing Address

**81101 OLD HIGHWAY
 ISLAMORADA FL 33036
 US**

**P.O. BOX 2022
 ISLAMORADA FL 33036**

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

65-0687176

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

7. Name and Address of New Registered Agent

**SEIBER, NETA L ESQ.
 9705 OVERSEAS HIGHWAY
 MARATHON FL 33050**

Name

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

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 _____

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, 2001 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	ROBERTS, WILLIAM A	
STREET ADDRESS	81101 OLD HWY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDRUSHKO, ANDREW P	
STREET ADDRESS	RR1 BOX 2480	
CITY-ST-ZIP	FAIRHAVEN VT 05743	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ROBERTS, THERESA A	
STREET ADDRESS	81101 OLD HWY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDRUSHKO, MARYANN	
STREET ADDRESS	RR1 BOX 2480	
CITY-ST-ZIP	FAIRHAVEN VT 05743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: THERESA A ROBERTS *Theresa Roberts* 3-3-01 305 6642421
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)