## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000003958

Country

SIRECI, THOMAS J JR.

**402 APPELROUTH LANE** KEY WEST FL 33040

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Suite, Apt. #, etc.

City & State

Zip

TROPICAL BREEZE OF KEY WEST, INC.

Principal Place of Business	Mailing Address				
FRONT STREET Y WEST FL 33040	· 306 FRONT STREET KEY WEST FL 33040-6615				
2. Principal Place of Business	3. Mailing Address				

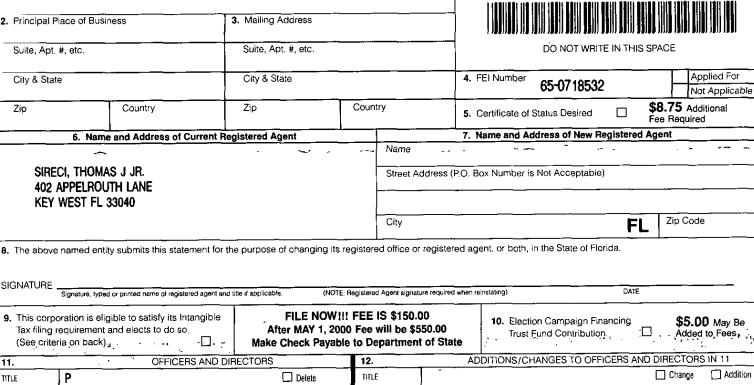
Suite, Apt. #, etc.

City & State

Zip

## **FILED** Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90010 042 \*\*\*150.00



Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of S	Trust Fund C	npaign Financing Contribution [	\$ <b>5.0</b> €	May Be to Fees,
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGLISI, GERALDINE 206 FRONT STREET KEY WEST FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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NAME STREET ADDRESS		Delete	TITLE NAMETA STREET ADDRESS CITY-ST-7IP			Change	Addition

Country

FILE NOW!!! FEE IS \$150.00

Name

City

13. I hereby certify that the information supplied with this filling 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 an 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.