

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA7000054932

1. Entity Name

Tropical Falls Development, Inc.

Principal Place of Business

Mailing Address

7200 Paddison Rd  
Cincinnati, OH  
45230

Same

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

582339522

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

JAMES. D. DYE  
1206 MANATEE AVE W.  
Bradenton, Fla. 34205

Name

Street Address (P.O. Box Number or Not Applicable)

4000003321564

-07/12/00--01089--013

\*\*\*\*158.75 \*\*\*\*158.75

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

Roy Neal Pres. ROY NEAL

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 ☐ Delete

NAME DR. NEAL, ROY

STREET ADDRESS 7200 Paddison Rd

CITY-ST-ZIP CINCINNATI, OH

TITLE ☐ Delete

NAME T. KAY NEAL

STREET ADDRESS 7200 Paddison Rd.

CITY-ST-ZIP Cincinnati OH 45230

TITLE ☐ Delete

NAME T. IRENE THOMAS

STREET ADDRESS 7200 Paddison Rd.

CITY-ST-ZIP Cincinnati OH 45230

TITLE ☐ Delete

NAME 1

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME 4000003321564

STREET ADDRESS -07/12/00--01089--013

CITY-ST-ZIP \*\*\*\*158.75 \*\*\*\*158.75

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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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:

Roy Neal

PRES.

ROY NEAL

6-28-2000 624-7526 (513)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)