

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90096 040 ***150.00

DOCUMENT # P99000032886

1. Entity Name
TROPICAL VILLAGE, INC.

R

Principal Place of Business

1308 N. LAVON AVE.
 KISSIMMEE FL 34741

Mailing Address

1308 N. LAVON AVE.
 KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **8517 S. Park Circle** 3. Mailing Address **8517 S. Park Circle**

Suite, Apt. #, etc. **Suite 210** Suite, Apt. #, etc. **Suite 210**

City & State **Orlando, Florida** City & State **Orlando, Florida**

Zip **32819** Country **Orange** Zip **32819** Country **Orange**

4. FEI Number **59-3576027**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROOKS, JOANNA
 1308 N. LAVON AVE.
 KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name: **Joanna Brooks**
 Street Address (B.O. Box Number is Not Acceptable) **8517 South Park Circle**
Suite 210
 City **Orlando, FL** Zip Code **32819**

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 *Patrick B. Kirkland* **Patrick B. Kirkland** **7-19-00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing office) 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	KIRKLAND, PATRICK B
STREET ADDRESS	4360 CHAMBLEE DUNWOODY, STE. 407
CITY-ST-ZIP	ATLANTA GA 30341
TITLE	D <input type="checkbox"/> Delete
NAME	KIRKLAND, LAUREL W
STREET ADDRESS	4360 CHAMBLEE DUNWOODY, STE. 407
CITY-ST-ZIP	ATLANTA GA 30341
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 an other like empowered.

SIGNATURE *Patrick B. Kirkland* **Patrick B. Kirkland** **7-19-00** **(770) 986-9090**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)