

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032886

1. Entity Name
TROPICAL VILLAGE, INC.

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

07-25-2000 90096 040 ***150.00

Principal Place of Business

1308 N. LAVON AVE.
KISSIMMEE FL 34741

Mailing Address

1308 N. LAVON AVE.
KISSIMMEE FL 34741

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 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

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

(NOTE: Registered Agent signature required when changing agent)

Patrick B. Kirkland
President

DATE

7-19-00

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 ☐ Delete
NAME KIRKLAND, PATRICK B
STREET ADDRESS 4360 CHAMBLEE DUNWOODY, STE. 407
CITY-ST-ZIP ATLANTA GA 30341

TITLE D ☐ Delete
NAME KIRKLAND, LAUREL W
STREET ADDRESS 4360 CHAMBLEE DUNWOODY, STE. 407
CITY-ST-ZIP ATLANTA GA 30341

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick B. Kirkland
President

Date

7-19-00

Daytime Phone #

(770)
986-9090

CR2E034 (5/00)