

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032886

1. Entity Name

TROPICAL VILLAGE, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91116 043 ***150.00

0071784

Principal Place of Business

8517 S. PORK CIRCLE
SUITE 210
ORLANDO FL 32819

Mailing Address

8517 S. PORK CIRCLE
SUITE 210
ORLANDO FL 32819

2. Principal Place of Business

Orlando

3. Mailing Address

8517 South Park Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL 32819

4. FEI Number

59-3576027

Applied For

Not Applicable

Zip

Country

32819

Orange

Zip

Country

32819

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, JOANNA
8517 SOUTH PARK CIRCLE
SUITE 210
ORLANDO FL 32819

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

Joanna Brooks V.P.

4-26-01

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

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

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

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

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

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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-26-01 770-986-9090

CR2E034 (10/00)