

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 91116 043 ***150.00

DOCUMENT # P99000032886

1. Entity Name
TROPICAL VILLAGE, INC.

Principal Place of Business 8517 S. PORK CIRCLE SUITE 210 ORLANDO FL 32819	Mailing Address 8517 S. PORK CIRCLE SUITE 210 ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Orlando</i>	3. Mailing Address <i>8517 South Park Cr.</i>
Suite, Apt. #, etc. <i>(SAME AS Mailing)</i>	Suite, Apt. #, etc. <i>Suite 210</i>
City & State	City & State <i>Orlando, FL 32819</i>

Zip <i>32819</i>	Country <i>Orange</i>	Zip <i>32819</i>	Country <i>Orange</i>
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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
8517 SOUTH PARK CIRCLE
SUITE 210
ORLANDO FL 32819

7. Name and Address of New Registered Agent
 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.* DATE *4-26-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, PATRICK B 4360 CHAMBLEE DUNWOODY, STE. 407 ATLANTA GA 30341 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, LAUREL W 4360 CHAMBLEE DUNWOODY, STE. 407 ATLANTA GA 30341 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patrick B. Kirkland, Pres.* DATE: *4-26-01* DAYTIME PHONE #: *770-986-9090*
Signature and typed or printed name of signing officer or director

0071784

CR2E034 (10/00)