

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90191 022 ***150.00

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DOCUMENT # P99000032886

1. Entity Name
TROPICAL VILLAGE, INC.



Principal Place of Business
**8517 S. PARK CIRCLE
SUITE 210
ORLANDO FL 32819**

Mailing Address
**8517 S. PARK CIRCLE
SUITE 210
ORLANDO FL 32819**

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 **59-3576027**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☐ Change ☒ Addition
NAME **Joanna F. Brooks**
STREET ADDRESS **8517 South Park Circle, Suite 210**
CITY-ST-ZIP **Orlando, FL 32819**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Laura M. Wade**
STREET ADDRESS **4360 Chamblee Dunwoody Rd.**
CITY-ST-ZIP **Suite 407 Atlanta, GA 30341**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

04.07.03 986.9090

Date

Daytime Phone #

CR2E034 (10/02)