

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000082697

1. Entity Name

TROPICAL RIDER, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90194 026 ***150.00

Principal Place of Business

Mailing Address

23032 SNAPPER LANE
CUDJOE KEY FL 33042

23032 SNAPPER LANE
CUDJOE KEY FL 33042-4331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0961428

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GANSKE, SHEREE K
23032 SNAPPER LANE
CUDJOE KEY FL 33042

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	GANSKE, SHEREE K	
STREET ADDRESS	23032 SNAPPER LANE	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GANSKE, RICHARD	
STREET ADDRESS	23032 SNAPPER LANE	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GANSKE, JENNIFER	
STREET ADDRESS	22866 PORT ROYAL LANE	
CITY-ST-ZIP	CUDJOE KEY FL 33042	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANSKE, SHEREE	
STREET ADDRESS	23032 SNAPPER LN.	
CITY-ST-ZIP	CUDJOE KEY, FL 33042	
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 all other like empowered.

SIGNATURE:

SHEREE K GANSKE
SHEREE K GANSKE

Date

Daytime Phone #

1/13/00

800 699 8560

CR2E034 (9/99)