

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084528

1. Entity Name

TROPICNET.COM, INC. OF SOUTH FLORIDA

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

01-25-2000 90078 028 ***150.00

Principal Place of Business
103 SARASOTA QUAY
SARASOTA FL 34236

Mailing Address
103 SARASOTA QUAY
SARASOTA FL 34236-4842

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

MARSHALL, KENNETH L
103 SARASOTA QUAY
SARASOTA FL 34236

Name
Gary L. Brown

Street Address (P.O. Box Number is Not Acceptable)

103 Sarasota Quay

City
Sarasota

FL

Zip Code
34236

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gary L. Brown
103 Sarasota Quay
Sarasota FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
J. Clarke Legler
103 Sarasota Quay
Sarasota FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Kenneth L. Marshall
103 Sarasota Quay
Sarasota FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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NAME
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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 #