

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13587

1. Entity Name

TROPICA BOATS & MARINE, INC.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90042 014 \*\*\*150.00

Principal Place of Business

1601 S E 46TH LN  
CAPE CORAL FL 33904  
US

Mailing Address

1601 S E 46TH LN  
CAPE CORAL FL 33904-8729  
US

2. Principal Place of Business

4841 WATERCROSS RD

3. Mailing Address

Suite, Apt. #, etc. Same

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

4. FEI Number

65-0323837

Applied For

Not Applicable

Zip

33905

Country

Lee

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUMGARTNER, JERRY L  
1601 SE 46TH LN  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

JERRY L. BAUMGARTNER

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

4841 WATERCROSS RD

City

FT. MYERS

FL

Zip Code

33905

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 P  
NAME BAUMGARTNER, JERRY L.  
STREET ADDRESS 19971 S RIVER RD  
CITY-ST-ZIP ALVA FL 33920 ☐ Delete

TITLE ST  
NAME BRINK, JUDITH  
STREET ADDRESS 19971 S RIVER RD  
CITY-ST-ZIP ALVA FL 33920 ☒ 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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
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 #

CR2E034 (9/99)