

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 220308

1. Entity Name

TROVILLION & DAUGHERTY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90157 036 ***150.00

Principal Place of Business

665 HAROLD AVE.
SUITE A
WINTER PARK FL 32789
US

Mailing Address

P O DRAWER 1820
WINTER PARK FL 32789-4607
US

2. Principal Place of Business

3. Mailing Address

665 Harold Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32789

US

4. FEI Number

59-0883046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAUGHERTY, RICHARD E., II
665 HAROLD AVE.
SUITE A
WINTER PARK FL 32789

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME DAUGHERTY, RICHARD E., II
STREET ADDRESS 665 HAROLD AVE., SUITE A
CITY-ST-ZIP WINTER PARK, FL 0 13

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP IS 32789

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00

407-644-6318