

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 05-15-2000 90212 033 \*\*\*\*61.25

**DOCUMENT # 707753**

1. Entity Name  
**TRILBY SOCIAL CLUB INCORPORATED**

Principal Place of Business	Mailing Address
TRILBY ROAD BOX 854 FL 33593-7854	OLE TRILBY ROAD P.O. BOX 854 TRILBY FL 33593-0854

**00058386**



DO NOT WRITE IN THIS SPACE

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	Applied For
<b>59-2499975</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KING, ALICE B**  
**20830 TRILBY CEM. RD**  
**P.O. BOX 8**  
**TRILBY FL 33593**

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.

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKSEY, JAMES W	
STREET ADDRESS	18435 HAMILTON RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, TOMMY V JR	
STREET ADDRESS	40500 MESSICK RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, BOBBY S	
STREET ADDRESS	PO BOX 286 N/A	
CITY-ST-ZIP	LACOOCHEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYRICK, JOHN H	
STREET ADDRESS	1159 OLD TRILBY RD	
CITY-ST-ZIP	DADE CITY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLACK, WATER E	
STREET ADDRESS	P.O. BOX 27, NA	
CITY-ST-ZIP	TRILBY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, HENRY LEE	
STREET ADDRESS	33297 CORTEZ BLVD	
CITY-ST-ZIP	DADE CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY PITTS, JR.	
STREET ADDRESS	33903 Trilby Rd.	
CITY-ST-ZIP	DADE CITY, FL 33523	
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		

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 617, 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: Alice B King **04-27-2000** **352 583 4801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)