2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90116 013 ****61.25

DOCUMENT # 712073

1. Entity Name

TRINITY TOWERS, INC.

Principal Place of Business	Mailing Address
650 E. STRAWBRIDGE AVENUE MELBOURNE FL 32901	650 E. STRAWBRIDGE AVENUE MELBOURNE FLA 32901-4759

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 59-6197618 ☐ Applied For ☐ Not Applicable

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
WHITE, JAMES M 8021 PINE NEEDLE LN W MELBOURNE FL 32904	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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOYER,ALEX W 633 E. MELBOURNE AVE. MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rev John Miller 610 Young Street Melbourne, FL 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THORNBURG, WILLIAM 225 CAMPBELL DR MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Peake, M.D. 3195 Concourse Road Melbourne, FL 32934	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, ARLAND 930 S. HARBOR CITY BLVD. MELBOURNE FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLZER, O.A. 1014 RIVERSIDE DRIVE INDIALANTIC FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITELEY, BARBARA 2078 MINTON ROAD W. MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALLEY, ROBERT J. 609 E FRANKLYN AVENUE INDIALANTIC FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Alex Boyer 1-18-200 (321)723-751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #