

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90485 046 ****61.25

DOCUMENT #

1. Entity Name

762981
TRIANGLE CLUB INC
1005 SE 4th AVE.
GAINESVILLE, FL. 32601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

TRIANGLE CLUB

3. Mailing Address

1005 SE. 4th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

4. FEI Number

59-2890418

Applied For

Not Applicable

Zip

32601

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES MCCAULEY

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

1802 E. UNIVERSITY AVE.

City

GAINESVILLE

FL

Zip Code

32641

**DO NOT WRITE
IN THIS SPACE**

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.

President

(NOTE: Registered Agent signature required when reinstating)

DATE

6-11-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **MCCAULEY, JAMES**
STREET ADDRESS **1802 E. UNIVERSITY, AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32641**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **LAURA NEWMAN**
STREET ADDRESS **2124 N.W. 55th BLVD #C1**
CITY-ST-ZIP **GAINESVILLE, FL. 32653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **BROWN, JENNIFER**
STREET ADDRESS **3611 S.W. 34th ST. #87**
CITY-ST-ZIP **GAINESVILLE, FL. 32608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T**
NAME **SMITH, JAY**
STREET ADDRESS **7914 S.W. 8th LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **William Witt**
STREET ADDRESS **6504 N.W. 50th LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **OVERMAN, KAREN**
STREET ADDRESS **P.O. Box 583**
CITY-ST-ZIP **MICANDOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay Smith - JAY Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-02
Date

352-373-9236
Daytime Phone #

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 31, 2002

THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.
1005 S.E. 4TH AVENUE
GAINESVILLE, FL 32601-3975

SUBJECT: THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.
Ref. Number: 762981

Attachment
Document #
FEI#

59-2890418

869354

762981

We have received your document for THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 502A00035337