## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## **FILED DOCUMENT # K48473** May 04, 2000 8:00 am **Secretary of State** TRIPLE CROWN HOMES, INC. 05-04-2000 90132 002 \*\*\*150.00 Principal Place of Business Mailing Address 7177 SW SR 200 7177 SW SR 200 OCALA FL 34476 OCALA FL 34476 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2956979 Not Applicable Country Zip Zip \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Name PLUNKETT, JOHN M Street Address (P.O. Box Number is Not Acceptable) 7177 S.W. SR 200 OCALA FL 34476-7055 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete PLUNKETT, JOHN M. NAME STREET ADDRESS 7177 S.W. SR 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476-7055 VPD Delete TITLE Change ☐ Addition TITLE PLUNKETT, KATHLEEN NAME NAME 7177 S.W. SR 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OCALA-FL 34476-7055 ☐ Addition TITLE Change ☐ Delete TITLE PLUNKETT, ARLENE NAME NAME STREET ADDRESS STREET ADDRESS 7177 S.W. SR 200 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476-7055 ☐ Addition Change ☐ Delete TITLE TITLE PLUNKETT, KEVIN B NAME NAME STREET ADDRESS 7177 S.W. SR 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476-7055 ☐ Addition ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 of the termination of the receiver of the section of the corporation or the receiver of the section of the se of the corporation or the receiver or trustee empowere changed, or on an attachment with an address, with II other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #