

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48473

1. Entity Name

TRIPLE CROWN HOMES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90174 028 ***150.00

Principal Place of Business

7177 SW SR 200
OCALA FL 34476

Mailing Address

7177 SW SR 200
OCALA FL 34476

2. Principal Place of Business

1740 E. Silver Springs Blvd

Suite, Apt. #, etc.

3. Mailing Address

1740 E. Silver Springs Blvd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-2956979

Applied For

Not Applicable

Zip

34470

Country

US

Zip

34470

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLUNKETT, JOHN M
7177 S.W. SR 200
OCALA FL 34476-7055

7. Name and Address of New Registered Agent

Name

Plunkett, John M.

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

1740 E. Silver Springs Blvd

City

Ocala

FL

Zip Code

34470

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PLUNKETT, JOHN M.	
STREET ADDRESS	7177 S.W. SR 200	
CITY-ST-ZIP	OCALA FL 34476-7055	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PLUNKETT, KATHLEEN	
STREET ADDRESS	7177 S.W. SR 200	
CITY-ST-ZIP	OCALA FL 34476-7055	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLUNKETT, ARLENE	
STREET ADDRESS	7177 S.W. SR 200	
CITY-ST-ZIP	OCALA FL 34476-7055	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLUNKETT, KEVIN B	
STREET ADDRESS	7177 S.W. SR 200	
CITY-ST-ZIP	OCALA FL 34476-7055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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 #

John Plunkett 4-17-01 352-671-4677

CR2E034 (10/00)