

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90463 002 ***150.00

DOCUMENT # P98000056493

1. Entity Name

TRIPLE CROWN ICE CREAM, INC.

Principal Place of Business

Mailing Address

10072 NW 53RD STREET
 SUNRISE FL 33351
 US

10072 NW 53RD STREET
 SUNRISE FL 33351-8068
 US

2. Principal Place of Business

3. Mailing Address

15495 Eagle Nest Lane, Ste 100

15495 Eagle Nest Lane, Ste 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

Ste 100

City & State

Miami Lakes, Florida

City & State

Miami Lakes, Florida

Zip

33014

Country

US

Zip

33014

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0848898

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

ADDLESTONE, GAIL
 10072 NW 53RD STREET
 SUNRISE FL 33351

Name

Rick S. Jacobs, Esquire

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

15495 Eagle Nest Lane, Ste 100

City

Miami Lakes

FL

Zip Code

33014

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] Esquire

Rick S. Jacobs, Esq.

4/24/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PTDS
 STREET ADDRESS JACOBS, GAIL A
 CITY-ST-ZIP P.O. BOX 820483 SOUTH FLORIDA FL 33082-0483

TITLE Change Addition
 NAME PTDS
 STREET ADDRESS JACOBS, Gail A.
 CITY-ST-ZIP 15495 Eagle Nest Lane, Ste 100 MIAMI LAKES, FL 33014

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change 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:

Gail A. Jacobs Esquire
 GAIL A. JACOBS, Director

4/24/2000

(305) 231-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)