

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90145 034 \*\*\*150.00

**DOCUMENT # P99000040363**

1. Entity Name

**TRIPLE CROWN PROPERTY MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

~~5TH STREET NW SUITE 100  
 WINTER HAVEN FL 33881~~

~~44 5TH STREET NW SUITE 100  
 WINTER HAVEN FL 33881-4642~~

2. Principal Place of Business

**9140 US HWY 192**

Suite, Apt. #, etc.

3. Mailing Address

**505 AVENUE A, NW, SUITE 102**

Suite, Apt. #, etc.

City & State

**CLERMONT, FLORIDA**

Zip  
**34711**

Country

**USA**

City & State

**WINTER HAVEN, FLORIDA**

Zip

**33881-4626**

Country

**USA**

4. FEI Number

**59-3598401**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOVONI, BRIAN R  
 141 5TH STREET NW, SUITE 100  
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name  
**BRIAN R. GOVONI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**505 AVENUE A, NW, SUITE 102**  
 City  
**WINTER HAVEN** **FL** Zip Code  
**33881-4626**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDWARDS, DAVID 139 PINE LAKE VIEW DRIVE DAVENPORT FL 33837</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

**DAVID N. EDWARDS** **4/28/00** **863 424 2309**

055488



DO NOT WRITE IN THIS SPACE