

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90155 043 ***150.00

DOCUMENT # S93143

1. Entity Name
TRIPLE CROWN REALTY OF OCALA, INC.

Principal Place of Business Mailing Address
7177 SW SR 200 **7177 SW SR 200**
OCALA FL 34476 **OCALA FL 34476**
US

2. Principal Place of Business **Blvd** 3. Mailing Address
1740 E Silver Springs **1740 E Silver Springs Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **Ocala, FL** City & State **Ocala, FL**
 Zip **34470** Country Country
34470

4. FEI Number **59-3095549** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JOHN PLUNKETT
7177 SW SR 200
OCALA FL 34476

7. Name and Address of New Registered Agent
 Name **John Plunkett**
 Street Address (P.O. Box Number is Not Acceptable)
1740 E Silver Springs Blvd
 City **Ocala, FL** **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 _____ (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		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	KATHLEEN PLUNKETT	
STREET ADDRESS	5280 SE 13 TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PLUNKETT, JOHN	
STREET ADDRESS	7158 S.E. 12 CIR	
CITY-ST-ZIP	OCALA FL 34480	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLUNKETT, MAUREEN	
STREET ADDRESS	8140 N.W. 48TH LANE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: **Kathleen Plunkett**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/27/00** Daytime Phone # **(352) 671-2900**

CR2E034 (9/99)