

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19956

1. Entity Name

THE VOICE OF TRIUMPH, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90202 036 \*\*\*\*70.00

Principal Place of Business

1148 SPARROW ST.  
LAKE PLACID FL 33852  
US

Mailing Address

P.O. BOX 3009  
LAKE PLACID FL 33862-3009  
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Route 3, Box 357-D

3. Mailing Address

PO Box 78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Mayo, FL

City & State  
Mayo, FL

4. FEI Number

95-2985573

Applied For

Not Applicable

Zip  
32066

Country  
USA

Zip  
32066

Country  
USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEILL, GENE  
1148 SPARROW ST.  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

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

Route 3, Box 357-D

Mayo

FL

Zip Code  
32066

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME NEILL, GENE  
STREET ADDRESS 1148 SPARROW ST  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VD ☐ Delete

NAME CONVERSE, WILLIAM  
STREET ADDRESS 11681 RIVERBEND DRIVE  
CITY-ST-ZIP LEAVENWORTH WA

TITLE T ☐ Delete

NAME YOUNG, DENNIS  
STREET ADDRESS 473 BIRWOOD EAST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete

NAME SANDFORD, WILLIAM  
STREET ADDRESS 2710 OAK LAWN AVE.  
CITY-ST-ZIP DALLAS TX 75219

TITLE S ☐ Delete

NAME NEILL, HEATHER  
STREET ADDRESS 1155 WESTERN BLVD  
CITY-ST-ZIP LAKE PLACID FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS Route 3, Box 357-D  
CITY-ST-ZIP Mayo, FL 32066

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/99)