

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90183 016 \*\*\*150.00

**DOCUMENT # P97000008141**

1. Entity Name

**TRIPPE REALTY MANAGEMENT INC.**

Principal Place of Business

**2830 NW 41ST ST  
STE-F  
GAINESVILLE FL 32606**

Mailing Address

**2830 NW 41ST ST  
STE-F  
GAINESVILLE FL 32606**

2. Principal Place of Business

**4400 NW 36TH Ave**

Suite, Apt. #, etc.

3. Mailing Address

**4400 NW 36TH Ave**

Suite, Apt. #, etc.

City & State

**GAINESVILLE, FL**

City & State

**GAINESVILLE, FL**

4. FEI Number

**59-3420236**

Applied For

Not Applicable

Zip

**32606**

Country

**USA**

Zip

**32606**

Country

**USA**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIPPE, PAT  
2830 NW 41ST ST  
STE-F  
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name **TRIPPE, PAT**

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

**4400 NW 36TH AVE**

City **GAINESVILLE**

**FL**

Zip Code **32606**

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

*Pat Trippe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*PAT TRIPPE*

**4-30-01**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RELLER, ROBERT H</b>	
STREET ADDRESS	<b>2830 NW 41ST ST STE-F</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>PDMT</b>	<input type="checkbox"/> Delete
NAME	<b>TRIPPE, PATRICIA K.</b>	
STREET ADDRESS	<b>2830 NW 41ST ST STE-F</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RHINE, DANIEL B</b>	
STREET ADDRESS	<b>2830 NW 41ST ST STE-F</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Reller, Robert H.</b>	
STREET ADDRESS	<b>4400 NW 36th Ave</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>PDMT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tripp, Patricia K.</b>	
STREET ADDRESS	<b>4400 NW 36th Ave</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rhine, Daniel B</b>	
STREET ADDRESS	<b>4400 NW 36th Ave</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL E. WILLIAMSON</b>	
STREET ADDRESS	<b>4400 NW 36th Avenue</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
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:

*Pat Trippe* *PAT TRIPPE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-30-01**

Daytime Phone

**352-373-7800**

**352**

CR2E034 (10/00)