

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90127 003 ***150.00

DOCUMENT # **P97000008141**

Entity Name

TRIPPE REALTY MANAGEMENT INC.

Principal Place of Business

4400 NW 36TH AVENUE
GAINESVILLE FL 32606

Mailing Address

4400 NW 36TH AVENUE
GAINESVILLE FL 32606

1. Principal Place of Business

4400 NW 36th Avenue

3. Mailing Address

4400 NW 36th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3420236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIPPE, PAT

4400 NW 36TH AVENUE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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 | D | <input type="checkbox"/> Delete |
| NAME | RELLER, ROBERT H | |
| STREET ADDRESS | 4400 NW 36TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | PDMT | <input type="checkbox"/> Delete |
| NAME | TRIPPE, PATRICIA K. | |
| STREET ADDRESS | 4400 NW 36TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RHINE, DANIEL B | |
| STREET ADDRESS | 4400 NW 36TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMSON, MICHAEL E | |
| STREET ADDRESS | 4400 NW 36TH AVENUE | |
| CITY-ST-ZIP | GAINESVILLE FL 32606 | |
| 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 | | <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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

Date

352-373-7800

Daytime Phone #

CR2E034 (9/01)