

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90275 001 \*\*\*211.25

DOCUMENT # 123878

1. Entity Name  
TRINITY PARISH HOLDING CORPORATION



Principal Place of Business  
464 N.E. 16TH ST.  
MIAMI FL 33132-1220  
US

Mailing Address  
464 N.E. 16TH ST.  
MIAMI FL 33132-1220  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0838103

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KRICKBAUM, DONALD W.  
464 N.E. 16TH STREET  
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KRICKBAUM, DONALD W.  
STREET ADDRESS 464 N.E. 16TH STREET  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME SMITH, MR. SMITH  
STREET ADDRESS 230 NE 94 ST.  
CITY-ST-ZIP MIAMI FL 33138 ☒ Delete

TITLE Sam Dodson Treasurer  
NAME 3053 Orange Street  
STREET ADDRESS Coconut Grove FL 33133  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE S  
NAME HOMES, MRS. DOROTHY  
STREET ADDRESS 1010 NE 81 ST.  
CITY-ST-ZIP MIAMI FL 33138 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME ROBERTS, PHILLIP W.  
STREET ADDRESS 2130 SW22 TERRACE  
CITY-ST-ZIP MIAMI FL 33145-3513 ☒ Delete

TITLE Rhett Dove Vice President  
NAME P O Box 110723  
STREET ADDRESS Miami FL 33111  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VP  
NAME MUIR, CELESTE H HON  
STREET ADDRESS 3855 STEWART AVENUE  
CITY-ST-ZIP COCOMUT GROVE FL 33133 ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SWVP  
NAME PARDON, MRS. SHIRELY  
STREET ADDRESS 5724 NORTH BAYSHROE DR.  
CITY-ST-ZIP MIAMI FL 33137 ☒ Delete

TITLE Philip Consolo Sr.VP  
NAME 15310 Dunbarton Place  
STREET ADDRESS Miami Lakes FL 33016  
CITY-ST-ZIP ☐ Change ☒ Addition

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 607, 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: Donald W. Krickbaum 4/18/03 305 374 3372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)