

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 281108

1. Entity Name

TRIMANOR INC

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90034 050 ***150.00

Principal Place of Business MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES FL 33853	Mailing Address MOUNTAIN LAKE #50 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES FL 33853
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00024551



DO NOT WRITE IN THIS SPACE

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 59-3288785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, ROBERT E C/O MOUNTAIN LAKE CORPORATION 2300 ALTERNATE HIGHWAY 27 NORTH LAKE WALES FL 33853	
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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.

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P RAY, WILLIAM F #50 MOUNTAIN LAKE LAKE WALES FL 33859-0832	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V COOK, FREDERICK 81 SHERWOOD DR MORRISTOWN NJ 07960	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST FELKER, JOHN D 200 S BRENTWOOD BLVD ST LOUIS MO 63105	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS REYNOLDS, PEGGY E #50 MOUNTAIN LAKE LAKE WALES FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peggy Reynolds, A.S. 1-26-00 863-676-3494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)