

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 8:00 am**
Secretary of State

01-27-2001 90053 001 ***450.00

DOCUMENT # 281108

1. Entity Name

TRIMANOR INC

Principal Place of Business

**C/O 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**

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

Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

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, 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	P	<input type="checkbox"/> Delete
NAME	RAY, WILLIAM F	
STREET ADDRESS	#50 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES FL 33859-0832	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COOK, FREDERICK	
STREET ADDRESS	81 SHERWOOD DR	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FELKER, JOHN D	
STREET ADDRESS	200 S BRENTWOOD BLVD	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	AS	<input type="checkbox"/> Delete
NAME	REYNOLDS, PEGGY E	
STREET ADDRESS	#50 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES FL	
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 checked="" type="checkbox"/> Addition
NAME	V Phelps, Stanford N.	
STREET ADDRESS	# 50 Mountain Lake	
CITY-ST-ZIP	Lake Wales, FL 33859-0832	
TITLE	V-T Felker, John O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	# 50 Mountain Lake	
STREET ADDRESS	Lake Wales, FL 33859-0832	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F RAY**1/6/01 863-676-7297**

Date

Daytime Phone #

CR2E034 (10/00)