

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 436126****1. Entity Name**
TRI-COUNTY DISTRIBUTING CO**Principal Place of Business****1603 GROVE AVENUE
FT MYERS FL 33901****Mailing Address****1603 GROVE AVENUE
FT MYERS FL 33901****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**WESTERVELT, JACK L
1603 GROVE AVENUE
FT. MYERS FL 33901****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** ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** PD ☐ Delete
NAME WESTERVELT, JACK L
STREET ADDRESS 1603 GROVE AVENUE
CITY-ST-ZIP FT. MYERS FL**TITLE** SD ☐ Delete
NAME WESTERVELT, KAREN K
STREET ADDRESS 1603 GROVE AVENUE
CITY-ST-ZIP FT. MYERS FL**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
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CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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

Jack Westervelt Pres.**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90010 018 ***150.00

00004900



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1485942**

Applied For

Not Applicable

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

CR2E034 (10/00)