

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459617

1. Entity Name

TRI-STATE INSURANCE ASSOCIATES, INC.

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90068 031 ***150.00

Principal Place of Business

1211 SE 27TH ST
PO BOX 4652
OCALA FL 34478
US

Mailing Address

1211 SE 27TH ST
OCALA FL 34471
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1546822

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOBLES, THOMAS E.
1211 SE 27TH ST
OCALA FL 34471

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NOBLES, THOMAS	
STREET ADDRESS	1211 SE 27TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NOBLES, CATHERINE S.	
STREET ADDRESS	1211 SE 27TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

02-18-2001

Date

352-402-9000

Daytime Phone #

CR2E034 (10/00)