

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90131 002 ***150.00

0514925

DOCUMENT # 464099

1. Entity Name

THE TRIANGLE SHOPPING GUIDE, INC.

Principal Place of Business

32225 HIGHWAY 19A (MOUNT DORA)
 PO BOX 187
 DADE CITY FL 33526-0187

Mailing Address

32225 HIGHWAY 19A (MOUNT DORA)
 PO BOX 187
 DADE CITY FL 33526-0187

737499



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 **59-1555932**

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

TABOR, MICHAEL
4645 NORTH HWY 19A
MT DORA FL 32757

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 NAME	TD MATTHEW, WILLIAM L	<input type="checkbox"/> Delete
STREET ADDRESS	129 BUENA VISTA DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE NAME	SD STORY, CLEMENT III	<input type="checkbox"/> Delete
STREET ADDRESS	115 W. MAIN STREET.	
CITY-ST-ZIP	LAFAYETTE LA	
TITLE NAME	PD TABOR, MICHAEL E	<input type="checkbox"/> Delete
STREET ADDRESS	4645 NORTH HWY 19 A	
CITY-ST-ZIP	MT DORA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

William L. Matthew
WILLIAM L. MATTHEW

3-31-01

Date

Daytime Phone #

CR2E034 (10/00)