

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90105 021 \*\*\*150.00

**DOCUMENT # 466188**

1. Entity Name

**TRI-STATE CARRIERS, INC.**

Principal Place of Business

**1616 SOUTH 14TH ST  
P.O. BOX 490300  
LEESBURG FL 34749-7300**

Mailing Address

**1616 SOUTH 14TH ST  
P.O. BOX 490300  
LEESBURG FL 34749-0300  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1606707**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**GREGG, F. BROWNE  
1616 S. 14TH ST.  
LEESBURG FL 32748**

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, 2000 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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DARNELL, W REID</b>	
STREET ADDRESS	<b>1616 SO 14TH ST</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>GREGG, F BROWNE</b>	
STREET ADDRESS	<b>1616 S. 14TH ST.</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LUNDERSTADT, CARL H.</b>	
STREET ADDRESS	<b>1616 S. 14TH AT.</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, GARY L</b>	
STREET ADDRESS	<b>1616 S 14TH STREET</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SIMPSON, S. RANDOLPH III</b>	
STREET ADDRESS	<b>1616 S 14TH STREET</b>	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	

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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNEY, DENNIS C.</b>	
STREET ADDRESS	<b>1616 S. 14TH STREET</b>	
CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>	

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

TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCHUGH, MICHAEL T.</b>	
STREET ADDRESS	<b>1616 S. 14TH STREET</b>	
CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>	

TITLE	<b>ASST. ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDGREN, RICHARD W.</b>	
STREET ADDRESS	<b>1616 S. 14TH STREET</b>	
CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Richard W. Lindgren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Richard W. Lindgren 4/7/00 352-787-0608**