

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481363

1. Entity Name

TRIPLE V LAND, INC.

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90007 011 \*\*\*550.00

Principal Place of Business

Mailing Address

112 NORTH STATE STREET  
 DAVENPORT FL 33837

112 NORTH STATE STREET  
 P.O. BOX 7  
 DAVENPORT FL 33836-0007  
 US

2. Principal Place of Business

3. Mailing Address

607 Edmund Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dundee

City & State

City & State

Florida

Zip

Country

Zip

Country

33838

Polk

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOODS, VAUGHN  
 112 NORTH STATE STREET  
 DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name Josephine E. Murphy, Personal Representative

Street Address (P.O. Box Number is Not Acceptable)

ESTATE OF VAUGHN E. WOODS

607 EDMUND AVENUE

City

DUNDEE, FLORIDA

FL

Zip Code

33838

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 Josephine E. Murphy, Personal Representative

6/10/2000

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 PD  
 NAME WOODS, VAUGHN  
 STREET ADDRESS 205 EAST LEMON  
 CITY-ST-ZIP DAVENPORT FL  
 (Deceased)  Delete

TITLE D  
 NAME WOODS, WILLIAM E.  
 STREET ADDRESS 212 N PARSONS AVENUE  
 CITY-ST-ZIP BRANDON FL  
 Delete

TITLE D  
 NAME STOKES, SHERWOOD L  
 STREET ADDRESS 109 N 9TH STREET  
 CITY-ST-ZIP HAINES CITY FL  
 (Deceased)  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME MURPHY, JOSEPHINE E.  
 STREET ADDRESS 607 EDMUND AVENUE  
 CITY-ST-ZIP Dundee, Florida 33838  
 Change  Addition

TITLE P  
 NAME Woods, William E.  
 STREET ADDRESS 2103 Herndon Street  
 CITY-ST-ZIP Dover, Florida 33527-6349  
 (Change of Address)  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

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: Josephine E. Murphy  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/2000 (863) 439-1314  
 Date Daytime Phone #