

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # 592881

1. Entity Name

TRI-VENTURE MARKETING, INC.

FILED

00 AUG -7 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2525 DRANE FIELD RD STE 1
SUITE #1
LAKELAND FL 33811

Mailing Address

2525 DRANE FIELD RD STE 1
SUITE #1
LAKELAND FL 33811

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

59-1861887

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

~~MINICHIELLO, WILLIAM~~
~~2330 SEA ISLAND CIRCLE S~~
~~LAKELAND FL 33810~~

Name

John Jackson Dean Jr.

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

9418 Wichham Way

Orlando FL 32836

City

Orlando

State FL

Zip Code 32836

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

John J. Dean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-8-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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
NAME GIDDENS, E. EUGENE
STREET ADDRESS 1106 N. SUGARTREE LANE
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE Director
NAME Dean, John Jackson Jr
STREET ADDRESS 9418 Wichham Way
CITY-ST-ZIP Orlando FL 32836 ☐ Change ☒ Addition

TITLE V
NAME TAAFFE, ROBERT K
STREET ADDRESS 172 BERMUDA CT
CITY-ST-ZIP PONTE VERDA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS 500003371595--9
CITY-ST-ZIP -08/24/00--01045--002 ☐ Change ☐ Addition

TITLE VP
NAME ANGLIN, FRANK D.
STREET ADDRESS 1528 HANSON AVE.
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME TALLANT, JOHN
STREET ADDRESS 1990 HUGHS DR
CITY-ST-ZIP CUMMING GA 30040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~S~~
NAME ~~MINICHIELLO, WILLIAM~~
STREET ADDRESS ~~2330 SEA ISLAND CIRCLE SOUTH~~
CITY-ST-ZIP ~~LAKELAND FL~~ ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME Walt Teasdale
STREET ADDRESS 6507 Stafford Terrace
CITY-ST-ZIP Plant City FL 33566 ☐ Delete

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:

SECRETARY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-00

648-1581

CR2E034 (5/00)