

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700976

1. Entity Name

HOLY TRINITY PROPERTIES, INC.

Principal Place of Business

211 TRINITY PLACE  
WEST PALM BEACH FL 33401  
US

Mailing Address

C/O TIMOTHY D. BROWN  
6707 PAMELA LANE  
WEST PALM BEACH FL 33405  
US

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

59-0766983

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

Name

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

City

FL

Zip Code

BROWN, TIMOTHY D.  
6707 PAMELA LANE  
WEST PALM BEACH FL 33401-3475

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ROGERS, S. EMORY  
STREET ADDRESS 215 RUSSLYN DR  
CITY-ST-ZIP WEST PALM BCH FL 33405 ☐ Delete

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

TITLE DS  
NAME BLOUNT, D G  
STREET ADDRESS 1018 SHADY LAKES CIRCLE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE D  
NAME FRASER, LINDA  
STREET ADDRESS 309 AVILA DRIVE  
CITY-ST-ZIP WEST PALM BCH FL 33405 ☐ Delete

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

TITLE D  
NAME POTTER, JOHN M  
STREET ADDRESS 250 COSTELLO RD  
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

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

TITLE DT  
NAME BROWN, TIMOTHY  
STREET ADDRESS 6707 PAMELA LANE  
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Timothy D. Brown*  
SIGNATURE REQUIRED

4/11/02

561-686-1400

FILED  
Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90356 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)