

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729182

1. Entity Name

TRILEISURE CONDOMINIUM, INCORPORATED

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90105 031 ****61.25

Principal Place of Business

Mailing Address

C/O W DEMERS & CO.
8211 STATE RD 52
HUDSON FL 34667
US

C/O W DEMERS & CO.
8211 STATE RD 52
HUDSON FL 34667-6730
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

59-1939179

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

MCDONALD, FLORENCE
9820-1 HIDDEN LANE
PORT RICHEY FL 34668

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

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	DS	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, FLORENCE	
STREET ADDRESS	9820-1 HIDDEN LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	TODARO, PATRICIA	
STREET ADDRESS	5603 SENATE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COWGILL, CAROL	
STREET ADDRESS	9825-1 HIDDEN LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, CAROL DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9811-3 HIDDEN LN.	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
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		

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: Patricia Todaro PATRICIA TODARO 2-7-00 862 3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)