

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741076

1. Entity Name

TRINITY TOWERS SOUTH, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90001 002 ****61.25

Principal Place of Business

615 E NEW HAVEN AVE
MELBOURNE FL 32901

Mailing Address

615 E NEW HAVEN AVE
MELBOURNE FL 32901

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1848217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JAMES M.
8021 PINE NEEDLE LANE
W. MELBOURNE FL 32904

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYER, ALEX W. REV.	
STREET ADDRESS	633 E. MELBOURNE AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THORNBURG, WILLIAM	
STREET ADDRESS	225 CAMPBELL DR.	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITLEY, BARBARA	
STREET ADDRESS	2078 MINTON RD.	
CITY-ST-ZIP	W. MELBOURNE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEAKE, TOM	
STREET ADDRESS	3194 CONCOURSE RD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, ARLAND A. MD.	
STREET ADDRESS	930 HARBOUR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZER, O.A. MD	
STREET ADDRESS	1014 RIVERSIDE DR.	
CITY-ST-ZIP	MELBOURNE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)