

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812498

1. Entity Name

TREVELLYAN CORPORATION

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90001 008 ***150.00

Principal Place of Business

Mailing Address

% FORD AND SYDNOR
1005 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-117
US

% FORD AND SYDNOR
1005 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-2117
US

2. Principal Place of Business

c/o Joseph D. Sydnor

Suite, Apt. #, etc.

1005 Kane Concourse

City & State

Bay Harbor Islands, FL 33154

Zip

Country

3. Mailing Address

c/o Joseph D. Sydnor

Suite, Apt. #, etc.

1005 Kane Concourse

City & State

Bay Harbor Islands, FL 33154

Zip

Country

4. FEI Number

59-0825135

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

SYDNOR, JOSEPH D CPA.
1005 KANE CONCOURSE
STE 203
BAY HARBOR ISLANDS FL 33154

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	SYDNOR, JOSEPH D	
STREET ADDRESS	1005 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADDY, PHYLLIS L	
STREET ADDRESS	6621 MCLEAN COURT	
CITY-ST-ZIP	MCLEAN, VIRGINIA 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *PHYLLIS L ADDY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00 703-442-8368

Date

Daytime Phone #

CR2E034 (9/99)