

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812498

1. Entity Name

TREVELLYAN CORPORATION

Principal Place of Business

C/O JOSEPH D SYDNOR
1005 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-117
US

Mailing Address

C/O JOSEPH D SYDNOR
1005 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-117
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 59-0825135

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	STD SYDNOR, JOSEPH D 1005 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDY, PHYLLIS L 6621 MCLEAN COURT MCLEAN, VIRGINIA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Phyllis L Addy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2001 305 868-1333

Date Daytime Phone #

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90062 024 ***150.00

C0017077



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)