

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001324 AF

DOCUMENT # **A32904**

1. Entity Name  
**TRINITY CAPITAL LIMITED**

**FILED** *424/3*  
**01 MAR 28 AM 10:20**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**175 LOOKOUT PLACE, SUITE 201  
MAITLAND FL 32751**

Mailing Address  
**175 LOOKOUT PLACE, SUITE 201  
MAITLAND FL 32751**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **59-3143906** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEERDAM, A C  
175 LOOKOUT PLACE, SUITE 201  
MAITLAND FL 32751**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$948,817.09** 10. Amount of Capital Contributions in FLORIDA to date. **1,003,495.08** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V33284	STREET ADDRESS	STREET ADDRESS		
NAME	TRINITY CAPITAL, INC.	CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS	175 LOOKOUT PLACE, #201				
CITY-ST-ZIP	MAITLAND FL 32751				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
NAME		CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS					
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NAME		CITY-ST-ZIP	CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					

**100003930491-9**  
**-03/30/01--01004--025**  
**\*\*\*909.00 \*\*\*526.25**  
**FF \$526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **3/20/01** **407-645-8244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)