

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008983 AF

DOCUMENT # A96000002100

1. Entity Name

TRIPLE S HOLDINGS, LTD.

Principal Place of Business

P.O. BOX 730  
BELLE GLADE FL 33430

Mailing Address

P.O. BOX 730  
BELLE GLADE FL 33430

FILED

01 APR -4 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
205 S. W. 1st St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade, FL

City & State

4. FEI Number

65-0714968

Applied For

Not Applicable

Zip

33430

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOWICKI, MARK J  
14155 U.S. HIGHWAY ONE, SUITE 302  
JUNO BEACH FL 33430

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

9. Capital Contributions  
as Shown on record.

\$26,278,293.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # P96000093753  
NAME THREE SAMS, INC.  
STREET ADDRESS 205 S.W. 1ST STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300003996479  
-04/13/01--01031--009  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steven L. Williams

3/1/00

561-996-6262

Date

Daytime Phone #

CR2E003 (11/00)