

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001871

1. Entity Name

TRINITY HERITAGE ENTERPRISES, LTD.

Principal Place of Business

Mailing Address

4717 DOLPHIN CAY, APT. A-508  
ST. PETERSBURG FL 33711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 MAR 21 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number

59-3463357

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KNEEBUSCH, CARL W  
4717 DOLPHIN CAY, APT. A-508  
ST. PETERSBURG FL 33711

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.

DATE

9. Capital Contributions  
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10,000

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KNEEBUSCH, CARL W  
4717 DOLPHIN CAY, APT. A-508  
ST. PETERSBURG FL 33711

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

KNEEBUSCH, STEVEN C  
4717 DOLPHIN CAY, APT. A-508  
ST. PETERSBURG FL 33711

STREET ADDRESS  
CITY-ST-ZIP

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-03/26/02-01037-024

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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:

*Carl W. Kneebusch* *Carl W. Kneebusch* *3/18/02* *906-0777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #