

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001518

1. Entity Name

TRI-FUNDING MARKET MONEY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



Principal Place of Business

595 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

Mailing Address

595 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32953-4790

2. Principal Place of Business

7257 NW 4th Blvd  
Suite, Apt. #, etc.  
#36

3. Mailing Address

7257 NW 4th Blvd  
Suite, Apt. #, etc.  
#36

City & State

GAINESVILLE, FL  
Zip 32607 Country USA

City & State

GAINESVILLE, FL  
Zip 32607 Country USA

4. FEI Number

59-2762163

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRINITY, STEPHANAS  
595 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name PHIL C. BEVERLY, JR.  
Street Address (P.O. Box Number is Not Acceptable)  
408 WEST UNIVERSITY AVENUE  
THE SEAGLE BUILDING SUITE 500  
City GAINESVILLE, FL Zip Code 32601-5227

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.

\$0.00

10. Amount of Capital Contributions in FLORIDA to date.

\$0.00

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 # J50763  
NAME TRI-FUNDING GROUP, INC.  
STREET ADDRESS 595 NORTH COURTENAY PARKWAY  
CITY - ST - ZIP MERRITT ISLAND FL 32953

13. ADDRESS CHANGES ONLY

STREET ADDRESS 7257 NW 4th Blvd #36  
CITY - ST - ZIP GAINESVILLE, FL 32607

DOCUMENT #  
NAME  
STREET ADDRESS  
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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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 1, 2000

Date

Daytime Phone #