

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001519

1. Entity Name

TRI-MAR LTD.

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.

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

32601-5289

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.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100.00

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 #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

C-1 E003 (1/99)