

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **B93000000522**

1. Entity Name

TRI-B VENTURES (DYER), LTD.

FILED

02 APR 29 AM 9:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

**ONE YORKDALE ROAD, SUITE 510
NORTH YORK, ONTARIO M6A 3A1
CANADA**

Mailing Address

**2221 LEE ROAD, SUITE 24
WINTER PARK FL 32789**

2. Principal Place of Business

10649 MASTERS DRIVE

3. Mailing Address

ONE YORKDALE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc. **SUITE 510**

DUE BY MAY 1, 2002

City & State **CLERMONT, FLORIDA**

City & State **TORONTO, ONTARIO**

4. FEI Number

98-0112572

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

M6A 3A1

Country

CANADA

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATT, JAMES R ESQ.

**369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789**

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.

\$217,876.00

10. Amount of Capital Contributions in FLORIDA to date.

\$3,822,029

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 # **P30320**
NAME **833845 ONTARIO LIMITED**
STREET ADDRESS **ONE YORKDALE ROAD, SUITE 510**
CITY-ST-ZIP **NORTH YORK, ONT., CANADA**

STREET ADDRESS

CITY-ST-ZIP

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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

833845 ONTARIO LIMITED

SIGNATURE: **by**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

22 APRIL 2002

Date

416-785-6870

Daytime Phone #

CR2E003 (9/01)