

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90203 027 ***150.00

DOCUMENT # H69493

1. Entity Name

TRI-LAKE, INC.

Principal Place of Business

110 SATELLITE CT
LEESBURG FL 34748
US

Mailing Address

110 SATELLITE CT
LEESBURG FL 34748
US

2. Principal Place of Business

3601 W. Main Street

3. Mailing Address

3601 W. Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, Florida

City & State

Leesburg, Florida

Zip

34748

Country

USA

Zip

34748

Country

USA

4. FEI Number

59-2574905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIRSCHFELD, J.R.
110 SATELLITE COURT
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

Stephen G. Sewell

Street Address (P.O. Box Number is Not Acceptable)

907 Webster Street

City

Leesburg

FL

Zip Code

34749

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

Stephen G. Sewell

Stephen G. Sewell

04-12-01

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRSCHFELD, J. R.	
STREET ADDRESS	110 SATELLITE COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HIRSCHFELD, ELAINE L.	
STREET ADDRESS	110 SATELLITE COURT	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hirschfeld, J.R.	
STREET ADDRESS	3601 W. Main Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hirschfeld, Elaine L.	
STREET ADDRESS	3601 W. Main Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogerson, Victoria Vos	
STREET ADDRESS	3601 W. Main Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.R. Hirschfeld, President

4/12/2001 (352) 728-3389
Date Daytime Phone # X25

CR2E034 (10/00)