

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J50763

1. Entity Name

TRI-FUNDING GROUP, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90007 023 ***158.75

Principal Place of Business

8369 S.W. C.R. 313
TRENTON FL 32693
US

Mailing Address

8369 S.W. C.R. 313
TRENTON FL 32693
US

80013378

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2762163

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEVERLY, PHIL C JR.
912 N.E. 2ND ST.
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

408 W. University Ave Suite 500
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.

(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, 2000 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 ☐ Delete

NAME P
STREET ADDRESS TRINITY, S
CITY-ST-ZIP 8369 S.W. C.R. 313
TRENTON FL 32693

TITLE ☐ Delete

NAME V
STREET ADDRESS EVERETT, PAULA
CITY-ST-ZIP 8369 S.W. C.R. 313
TRENTON FL 32693

TITLE ☐ Delete

NAME V
STREET ADDRESS TICKNOR, MARYGOLD
CITY-ST-ZIP 8369 S.W. C.R. 313
TRENTON FL 32693

TITLE ☐ Delete

NAME S
STREET ADDRESS TRINITY, SARAH
CITY-ST-ZIP 8369 S.W. C.R. 313
TRENTON FL 32693

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7257 NW 4th Blvd #36
Gainesville, FL 32607

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7257 NW 4th Blvd #36
Gainesville, FL 32607

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7257 NW 4th Blvd #36
Gainesville, FL 32607

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #