

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J50763

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: TRI-FUNDING GROUP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

7257 NW 4TH BLVD
36
GAINESVILLE, FL 32607 US

Current Mailing Address:

7257 NW 4TH BLVD
36
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2762163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEVERLY, PHIL C JR.
408 W UNIVERSITY AVE SUITE 500
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

HAMAN, LAURA
7257 NW 4TH BLVD
36
GAINESVILLE, FL 32607 US

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: LAURA HAMAN

04/27/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TRINITY, S
Address: 7257 NW 4TH BLVD 36
City-St-Zip: GAINESVILLE, FL 32607

Title: V () Delete
Name: EVERETT, PAULA
Address: 7257 NW 4TH BLVD 36
City-St-Zip: GAINESVILLE, FL 32607

Title: V () Delete
Name: TICKNOR, MARYGOLD
Address: 7257 NW 4TH BLVD 36
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: TRINITY, SARAH
Address: 7257 NW 4TH BLVD 36
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. TRINITY

P

04/27/2002

Electronic Signature of Signing Officer or Director

Date