

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66127

1. Entity Name  
TRIPLE BOGEY, INC.

**FILED**  
Aug 01, 2002 8:00 am  
Secretary of State

08-01-2002 90167 005 \*\*\*550.00

0009762 AV

Principal Place of Business  
P.O. BOX 188  
WILLISTON FL 32696

Mailing Address  
P.O. BOX 188  
WILLISTON FL 32696



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5002 GREENBRIAR TRL  
Suite, Apt. #, etc.

3. Mailing Address  
5002 GREENBRIAR TRL  
Suite, Apt. #, etc.

City & State  
MT. DORA, FL  
Zip  
32757  
Country  
LAKE

City & State  
MT. DORA, FL  
Zip  
32757  
Country  
LAKE

4. FEI Number 59-2819872  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GAUTIER, LOUIS K.  
U.S. HIGHWAY 27 A  
WILLISTON FL 32696

7. Name and Address of New Registered Agent  
Name  
HARRY WENDEL  
Street Address (P.O. Box Number is Not Acceptable)  
5002 GREENBRIAR TRL  
City  
MT. DORA FL Zip Code  
32757

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Harry Wendel (NOTE: Registered Agent signature required when reinstating)  
DATE 7/28/2002

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P GAUTIER, LOUIS K US 27-A WILLISTON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WENDEL, HARRY 5002 GREENBRIAR TRAIL MT. DORA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKS, FRED 5002 GREENBRIAR TRL MOUNT DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUMBERT, FRANK 9736 PHILADELPHIA RD BALTIMORE MD 21237 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAUTIER, LOUIS K. 31 Village by the Lake SOUTHERN PINES, N.C. 28387 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   32757 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> 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: Louis K. Gautier  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 7/27/2002 DAYTIME PHONE # (904) 695-0048

CR2E034 (4/02)