

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07212

1. Entity Name

TRIPLE R LAND, INC.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90056 018 \*\*\*150.00

Principal Place of Business

P.O. Box 1949  
Ashland, KY 41105-1949

Mailing Address

441 IOWA STREET  
P.O. BOX 701326  
ASHLAND KY 41102  
US

2. Principal Place of Business

7444 Bolanica Parkway  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1949  
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Ashland, KY

Zip

34238

Country

Zip

4105-1949

Country

4. FEI Number

59-2898875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITHS, JANET R.  
P.O. Box 1949  
Ashland, KY 41105-1949

7. Name and Address of New Registered Agent

Name: Janet R. Griffiths  
Street Address: 7444 Bolanica Parkway  
City: Sarasota, FL  
Zip Code: 34238

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, 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	P	<input type="checkbox"/> Delete
NAME	ROBINSON, PROCTOR G., JR	
STREET ADDRESS	P.O. Box 1949	
CITY-ST-ZIP	Ashland, KY 41105-1949	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 1949	
CITY-ST-ZIP	Ashland, KY 41105-1949	
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		
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)(a), 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 12 of this report, 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