

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90168 041 ***150.00

DOCUMENT # K78404

1. Entity Name

TRI-CITY'S AUTOMOTIVE, INC.

Principal Place of Business

**851 W ALFRED ST
TAVARES FL 32778**

Mailing Address

**851 W ALFRED ST
TAVARES FL 32778-3149**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2941607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL, RICHARD D.
851 W ALFRED ST
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name

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

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	DV	<input type="checkbox"/> Delete
NAME	MAXWELL, LESLIE A	
STREET ADDRESS	22102 SR 46	
CITY-ST-ZIP	SORRENTO FL 32778	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAXWELL, LINDA E.	
STREET ADDRESS	737 E ROSEWOOD LANE	
CITY-ST-ZIP	TAVARES FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LIND, VELVET B	
STREET ADDRESS	1309 GREENWAY AVENUE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAXWELL, DAVID A	
STREET ADDRESS	22102 SR 46	
CITY-ST-ZIP	SORENTO FL 32776	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, RICHARD D JR	
STREET ADDRESS	401 NE 26 DRIVE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LIND, ROBERT J	
STREET ADDRESS	1309 GREENFLY AVE	
CITY-ST-ZIP	TAVARES FL 32778	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	maxwell, Leslie A.	
STREET ADDRESS	108 Palm Way	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	maxwell, Linda E.	
STREET ADDRESS	63 Woods-Water Drive	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maxwell, David A.	
STREET ADDRESS	108 Palm Way	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIND, ROBERT J.	
STREET ADDRESS	1309 GREENWAY AVE	
CITY-ST-ZIP	TAVARES, FL 32778	

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 #