

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90006 049 \*\*\*\*50.00

**DOCUMENT # L00000000054**

1. Entity Name

**TRI-STAR ASSOCIATES, LLC**

Principal Place of Business

**3030 HARTLEY ROAD, SUITE 100  
JACKSONVILLE FL 32257**

Mailing Address

**3030 HARTLEY ROAD, SUITE 100  
JACKSONVILLE FL 32257**

2. Principal Place of Business

**3020 Hartley Road**

Suite, Apt. #, etc.

**Suite 100**

City &amp; State

**Jacksonville, Fl**

Zip

**32257**

Country

**Duval**

3. Mailing Address

**3020 Hartley Road**

Suite, Apt. #, etc.

**Suite 100**

City &amp; State

**Jacksonville, Fl**

Zip

**32257**

Country

**Duval**

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**  
**59-3620971**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**J. HOWARD SHEFFIELD, P.A.  
4209 BAYMEADOWS ROAD, SUITE 4  
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name

**Legler, Mitchell W.**

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

**300A Wharfside Way**

City

**Jacksonville****FL**

Zip Code

**32207**

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

**MITCHELL W. LEGLER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/28/02****FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>HINSON, DONALD P</b>	
STREET ADDRESS	<b>3030 HARTLEY ROAD, SUITE 100</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**MITCHELL W. LEGLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/28/02**

CP2E083 (9/01)

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