

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006316

1. Entity Name  
TRI-LYONS, L.L.C.

Principal Place of Business  
5000 BLUE LAKE DRIVE, SUITE 150  
BOCA RATON FL 32431

Mailing Address  
5000 BLUE LAKE DRIVE, SUITE 150  
BOCA RATON FL 32431

FILED

01 MAY -3 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5000 T-Rex Ave.

3. Mailing Address  
5000 T-Rex Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 150

Ste. 150

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip  
33431

Country

Zip  
33431

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NED L  
5000 BLUE LAKE DRIVE, SUITE 150  
BOCA RATON FL 32431

7. Name and Address of New Registered Agent

Name

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

5000 T-Rex Ave. Ste. 150

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

*Ned L Siegel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

400004335104--4  
-05/31/01--01005--021  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SIEGEL, NED L  
5000 BLUE LAKE DRIVE, SUITE 150  
BOCA RATON FL 32431 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5000 T-Rex Ave. Ste. 150 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Ned L Siegel* *Ned L Siegel*

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

Date

Daytime Phone #

4/26/01 (541) 998-9200

CR2E083 (11/00)