

2001 UNIFORM BUSINESS REPORT (UBR)

0004263 AF

DOCUMENT # **L00000014275**

1. Entity Name
TRI-CARD MANAGEMENT LLC

FILED

01 MAR 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7002 TURNBERRY CIRCLE
NAVARRE FL 32566**

Mailing Address
**7002 TURNBERRY CIRCLE
NAVARRE FL 32566**

2. Principal Place of Business
501 MARY ESTHER CUTOFF

3. Mailing Address
501 MARY ESTHER CUTOFF

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
SUITE 4

City & State
FT. WALTON BEACH, FL.

City & State
FT. WALTON BEACH, FL.

4. FEI Number
59-3686013

Applied For
 Not Applicable

Zip
32548

Country
USA

Zip
32548

Country
USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HENTON, DAVID
7002 TURNBERRY CIRCLE
NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name
STEVE E. HUBACHEK

Street Address (P.O. Box Number is Not Acceptable)
**501 MARY ESTHER
SUITE 4**

City
FT. WALTON BEACH FL Zip Code
32548

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

DATE
March 15, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	STEVE E. HUBACHEK	501 MARY ESTHER SUITE 4	FT. WALTON BCH, FL. 32548		

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*******50.00 *****50.00**

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:

DATE
March 15, 2001

850-796-1550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)