

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90388 049 ****50.00

DOCUMENT # L00000014275

1. Entity Name

TRI-CARD MANAGEMENT LLC

Principal Place of Business

**501 MARY ESTHER CUTOFF, SUITE 4
 FT. WALTON BEACH FL 32548**

Mailing Address

**501 MARY ESTHER CUTOFF, SUITE 4
 FT. WALTON BEACH FL 32548**

955801

2. Principal Place of Business

4188 GULF BREEZE PKWY

Suite, Apt. #, etc.

3. Mailing Address

4188 GULF BREEZE PKWY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE, FL

City & State

GULF BREEZE, FL

4. FEI Number

59-3686013

Applied For

Not Applicable

Zip

32563

Country

USA

Zip

32563

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HUBACHEK, STEVE E
 501 MARY ESTHER CUTOFF, SUITE 4
 FT. WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

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

4188 GULF BREEZE PARKWAY

City

GULF BREEZE

FL

Zip Code

32563

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

STEVE HUBACHEK

(NOTE: Registered Agent signature required when reinstating)

April 23, 2002

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **CEO** ☐ Delete
 NAME **HUBACHEK, STEVE E**
 STREET ADDRESS **501 MARY ESTHER CUTOFF, SUITE 4**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☒ Change ☐ Addition
 NAME **STEVE HUBACHEK**
 STREET ADDRESS **4188 GULF BREEZE PARKWAY**
 CITY-ST-ZIP **32563**
GULF BREEZE, FL 32563

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

TITLE ☐ Change ☐ Addition
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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:

STEVE HUBACHEK

April 23, 2002

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

Date

Daytime Phone #

CR2E083 (9/01)