

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000378

1. Entity Name
TRILOGY STABLES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 14 AM 10:02

Principal Place of Business
3835 NW 52ND ST.
BOCA RATON FL 33496

Mailing Address
3835 NW 52ND ST.
BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1624 East Atlantic Blvd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Pompano Beach, FL.

City & State

4. FEI Number
65-0580453

Applied For
Not Applicable

Zip
33060

Country
U.S.A.

Zip
Country

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

6. Name and Address of Current Registered Agent

COOPER, ROBERT G
3835 NW 52ND ST.
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name
Debbie Marriott

Street Address (P.O. Box Number is Not Acceptable)
1624 E. Atlantic Blvd.

City
Pompano Beach

FL

Zip Code
33060

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)

August 7th, 2000
DATE

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

000003370060--U
-08/23/00--01098--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	COOPER, ROBERT G	3835 NW 52ND ST.	BOCA RATON FL 33496	<input type="checkbox"/>
MGRM	COOPER, LORI B	3835 NW 52ND ST.	BOCA RATON FL 33496	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

August 7th, 2000 (561)368-9300
Date Daytime Phone #

CR2E083 (5/00)