

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L98000003280**

1. Entity Name  
**TRI-D, LC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:56

Principal Place of Business  
3501 SW 2ND AVE., SUITE 2400  
GAINESVILLE FL 32607

Mailing Address  
3501 SW 2ND AVE., SUITE 2400  
GAINESVILLE FL 32607-2866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3578110**  
**APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, BERT C ESQ.**  
**1660 PRUDENTIAL DRIVE, SUITE 203**  
**JACKSONVILLE FL 32207**

Name

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

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

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGR BOEFF, DAVID H**  
STREET ADDRESS **3501 SW 2ND AVE., SUITE 2400**  
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE NAME  Change  Addition  
*Inf 3/2/00*

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition  
**700003180787--1**  
**-03/22/00--01112--017**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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

Date: **5/1/00** Daytime Phone #: **(352) 376-1601**

CR2E083 (9/99)