

2001 UNIFORM BUSINESS REPORT (UBR)

UUC-004
A-

DOCUMENT # **L98000003280**

1. Entity Name
TRI-D, LC

FILED
Jan 29, 2001 8:00 A.M.
Secretary of State

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

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

2. Principal Place of Business
101 S.E. 2ND PLACE
Suite, Apt. #, etc.
~~101 S.E. 2ND~~ **#201**

3. Mailing Address
101 S.E. 2ND PLACE
Suite, Apt. #, etc.
#201

DO NOT WRITE IN THIS SPACE

City & State
GAINESVILLE FLORIDA
Zip **32601** Country **USA**

City & State
GAINESVILLE, FLORIDA
Zip **32601** Country **USA**

4. FEI Number **59-3578110**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOEFF, DAVID H 3501 SW 2ND AVE., SUITE 2400 GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003631860--8 -02/02/01--01140--016 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED** Date: **1/22/01** Daytime Phone #: **(352) 376-1001**

CR2E083 (11/00)