

2000 UNIFORM BUSINESS REPORT (UBR)

0004744 AF

DOCUMENT # L99000003458

1. Entity Name
TRIPLE-O FUNDING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 11:02

Principal Place of Business
8345 WELLINGTON RD
PENSACOLA FL 32504

Mailing Address
P.O. BOX 10746
PENSACOLA FL 32524



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
OLNEY, RICHARD B JR
3485 WELLINGTON RD
PENSACOLA FL 32504

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 *[Signature]* 10-2-00
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/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM OLNEY, RICHARD B JR P.O. BOX 10746 PENSACOLA FL 32524
MGRM Olney, Colleen S. P.O. Box 10746 PENSACOLA FL 32524
MGRM Olney, Richard B. Jr 1200 Ft. Pickens Rd #8-A Pensacola Bch, FL 32561

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
200003456862--4
-11/08/00--01025--028
*****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 registered or otherwise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 10-30-00 850-477-3854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)