2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000006245

1. Entity Name

TRYCORP, LLC

Principal Place of Business	Mailing Address
2550 MERIDIAN ROAD TALLAHASSEE FL 32303	2550 MERIDIAN ROAD TALLAHASSEE FL 32303

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 59-3600425 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
HARBIN, CHARLES W JR 2550 MERIDIAN ROAD TALLAHASSEE FL 32303	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 STREET ADDRESS CITY-ST-ZIP	MGRM HARBIN, CHARLES W JR 2550 MERIDIAN ROAD TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003632058--0 -02/05/01--01013--006 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBIN, CRAIG M 4252 SHERBORNE ROAD TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 REQUIRED_____   26 January 2001   (850) 556-9171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)