

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90257 034 ****61.25

DOCUMENT # N43420

1. Entity Name

TRI-DISTRICT INTERGROUP, INC.



Principal Place of Business

**PLAZA BLDG
3300 N. PACE, STE 322
PENSACOLA FL 32505**

Mailing Address

**PLAZA BLDG
3300 N. PACE, STE 322
PENSACOLA FL 32505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2914891**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, JEANNE
3300 NORTH PACE BLVD.
STE 322
PENSACOLA FL 32505**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeanne Howard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	H	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, LIN	
STREET ADDRESS	74 HIGH POINT DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WISE, GERETHA	
STREET ADDRESS	19 ST. REGIS DR.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEUSTER, DANIEL	
STREET ADDRESS	7317 HAYWARD ST	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NOYES, LISA	
STREET ADDRESS	117 NEW MEXICO DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNICKEN, NICOLE	
STREET ADDRESS	5775 LEE SWAY BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CHRIS	
STREET ADDRESS	2841 VIA ROMA CT	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, THOMAS	
STREET ADDRESS	7565 NORTH SHORES DR.	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, LINDA	
STREET ADDRESS	3260 TALLSHIP LANE	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicole A. Bernicken* **NICOLE A. BERNICKEN** *04/22/03*

CR2E037 (10/02)