

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

0008330

DOCUMENT # N97000003405

1. Entity Name

TRINITY LAKES FOUNDATION, INC.

03-05-2001 90320 004 ****61.25

Principal Place of Business

**150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114**

Mailing Address

**150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114****629791**

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

59-3452566

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32114**

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GLOVER, PETER M
483 N BEACH ST
ORMOND BEACH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
BLACK, HARRY H
11 NOBLE WOODS WAY
ORMOND BEACH FL 32174** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, DAVID
300 OAK DRIVE
ORMOND BEACH FL 32176** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
Dana Smith
5 Archangel Circle
Ormond Beach, FL 32174** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAMM, JEFF
4 SUGAR MILL LANE SOUTH
FLAGLER BEACH FL 32136** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NICHOLS, CHUCK
1796 WATERBURY LN
ORANGE PARK FL 32073** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HART, THOMAS S
150 MAGNOLIA AVE
DAYTONA BEACH FL 32144** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Carol Polzella
1207 N. Beach Street
Ormond Beach, FL 32174** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000 904-673-9146
Date Daytime Phone #

CR2E037 (10/00)