

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007276

1. Entity Name

TRI-COUNTY OUTREACH, INC. OF ORLANDO

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90078 006 ****70.00

Principal Place of Business

Mailing Address

5100 W COLONIAL DR. SUITE 187
ORLANDO FL 32808

5100 W COLONIAL DR. SUITE 187
ORLANDO FL 32808-7604

2. Principal Place of Business

3. Mailing Address

2001 Mercy Drive

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #100

City & State

City & State

Orlando, Florida

Zip

Country

Zip

Country

32808

Orange

4. FEI Number

593624840

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACON-MATTHEW, DEBRA
1272 FALCONCREST BLVD
APOPKA FL 32712

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

Debra Macon Matthew

5/10/00

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:
FEE IS \$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 PD ☐ Delete
NAME MACON-MATTHEW, DEBRA
STREET ADDRESS 1272 FALCONCREST BLVD
CITY-ST-ZIP APOPKA FL 32712

TITLE Director ☐ Change ☒ Addition
NAME Pam More-Priester, Sherry
STREET ADDRESS 4543 Ligustrum Way
CITY-ST-ZIP Orlando, FL 32839

TITLE VTD ☐ Delete
NAME PHILLIPS-HOLLIS, NICOLE
STREET ADDRESS 6624 ABEYDON CT
CITY-ST-ZIP ORLANDO FL 32818

TITLE Director ☐ Change ☒ Addition
NAME Johnny Davis, Jr.
STREET ADDRESS 201 Muleberry Street
CITY-ST-ZIP Jersey City, NJ 32072

TITLE SD ☒ Delete
NAME MILLER, TARA
STREET ADDRESS 2705 GREENFIELD AVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TUCKER, DESIREE
STREET ADDRESS 7606 TELEGRAPH HILL
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOLLIS, ANTHONY
STREET ADDRESS 5100 W COLONIAL DR #179
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEBB, MONICA
STREET ADDRESS 35 W 15TH ST
CITY-ST-ZIP ORLANDO FL 32703

TITLE Secretary ☒ Change ☐ Addition
NAME Webb, Monica
STREET ADDRESS 35 W 15th Street
CITY-ST-ZIP Orlando, FL 32703

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 Phillips Hollis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)