

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004905

1. Entity Name

TRI-STAR EDUCATIONAL FILMS, INC.

Principal Place of Business

2041 LAKEWOOD DRIVE  
DUNEDIN FL 34698

Mailing Address

2041 LAKEWOOD DRIVE  
DUNEDIN FL 34698-6523

2. Principal Place of Business

1059 Broadway

Suite, Apt. #, etc.

Suite G

City & State

Dunedin, FL

Zip

34698

Country

USA

3. Mailing Address

P.O. Box 105

Suite, Apt. #, etc.

Safety Harbor

City & State

Pinellas, Florida

Zip

34695

Country

USA

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90109 006 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

INGRAM, MARK  
2630 UNIVERSITY PARKWAY  
SARASOTA FL 34234

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, 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

TITLE DS ☐ Delete  
NAME WOMBLE, CAROL  
STREET ADDRESS 2046 INDIGO TERRACE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D ☐ Delete  
NAME MOSS, DEBBIE  
STREET ADDRESS 2041 LAKEWOOD DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE DT ☐ Delete  
NAME MILLS, ORMAN D  
STREET ADDRESS 225 N HILLCREST AVENUE  
CITY-ST-ZIP CLEARWATER FL 33755

TITLE PV ☐ Delete  
NAME MOSS, DEBORAH  
STREET ADDRESS 2041 LAKEWOOD DRIVE  
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME DT MILLS, ORMAN D.  
STREET ADDRESS 1717 Long Street  
CITY-ST-ZIP Clearwater, FL 33755

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

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

TITLE ☐ Change ☐ 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:

*(Signature)*

4/28/00