

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
Feb 23, 2001 8:00 am  
Secretary of State

01-29-2001 90168 029 \*\*\*150.00

DOCUMENT # P00000025204

1. Entity Name

TRIER ASSOCIATES INC.

804

Principal Place of Business

1540 SHORELANDS DR. EAST  
VERO BEACH FL 32963

Mailing Address

1540 SHORELANDS DR. EAST  
VERO BEACH FL 32963

62218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

GOLDIN, MIRIAM R  
5106C LAKE CATALINA DR.  
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

Ralph C. Morgan

Street Address (P.O. Box Number is Not Acceptable)

1540 SHORELANDS DR E.

City

VERO BEACH

FL

Zip Code

32963

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

*Ralph C. Morgan*

PRESIDENT

1-6-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
NAME: Ralph C. Morgan  
STREET ADDRESS: 1540 Shorelands Dr E  
CITY-ST-ZIP: VERO BEACH, FL 32963 ☐ Delete

TITLE: VICE PRES-SECRETARY  
NAME: Hildegard E. Morgan  
STREET ADDRESS: 1540 Shorelands Dr. E.  
CITY-ST-ZIP: VERO BEACH, FL 32963 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

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CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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☐ Change ☐ Addition

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ralph C. Morgan* Ralph C. Morgan

1-6-01

561-234-3647

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (10/00)