

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036866

1. Entity Name

TRINITY NAUTICAL SOCIETY, INC.

Principal Place of Business

1000 NW 54TH ST.
MIAMI FL 33127

Mailing Address

1000 NW 54TH ST.
MIAMI FL 33127

2. Principal Place of Business

6101 Rolling Road Drive

3. Mailing Address

6101 Rolling Road Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1014373

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

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

Name

Kenneth E. Thompson

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

6101 Rolling Road Drive

City

Miami

FL

Zip Code

33156

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

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

Kenneth E. Thompson

4-25-01

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS HARRISON, JOHN C JR.
CITY-ST-ZIP 1000 NW 54TH ST.
MIAMI FL 33127

TITLE ☐ Change ☒ Addition
NAME D, P, S
STREET ADDRESS Thompson, Kenneth E.
CITY-ST-ZIP 6101 Rolling Road Drive
Miami, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Kenneth E. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth E. Thompson

4-25-01

Date

305-665-5980

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90979 017 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)