

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State

08-27-2002 90117 012 ***550.00

DOCUMENT # P01000012232

1. Entity Name
RED HILLS TRIATHALON, INC.

Principal Place of Business
**227 S CALHOUN ST
TALLAHASSEE FL 32301**

Mailing Address
**227 S CALHOUN ST
TALLAHASSEE FL 32301**

2. Principal Place of Business

701 Litchfield Rd

Suite, Apt. #, etc.

3. Mailing Address

701 Litchfield Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

USA

City & State

Tallahassee, FL

Zip

32312

Country

USA

4. FEI Number

59-3696423

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

**HOLLIMON, WILLIAM H
227 S CALHOUN ST
TALLAHASSEE FL 32301**

Name

Kathy McDavis

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

701 Litchfield Rd

City

Tallahassee

FL

Zip Code

32312

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kathy McDavis**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	DP	<input checked="" type="checkbox"/> Delete
NAME	HOLLIMON, WILLIAM H	
STREET ADDRESS	227 S CALHOUN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	DVST	<input checked="" type="checkbox"/> Delete
NAME	AUSLEY, LORANNE E	
STREET ADDRESS	227 S CALHOUN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy McDavis	
STREET ADDRESS	701 Litchfield Rd	
CITY-ST-ZIP	Tallahassee FL 32312	
TITLE	Tom Thomas	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6209 Panama Ct	
STREET ADDRESS	Tallahassee FL 32311	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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: **Kathy McDavis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/03/02

Date

Daytime Phone #