

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90164 013 \*\*\*150.00

**DOCUMENT # P01000020186**

**1. Entity Name**  
**TRI-COUNTY LANDS, INC.**



**Principal Place of Business**  
**17976 NW HWY 19**  
**FANNING SPRINGS FL 32693**

**Mailing Address**  
**6489 CR 232**  
**TRENTON FL 32693**

**2. Principal Place of Business**

**3. Mailing Address**

*6600 SW 65th St*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Trenton, FL*

Zip

Country

Zip

*32693*

Country

*GILCHRIST*

**4. FEI Number** **59-3701457**

Applied For

Not Applicable

**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**

**LANCASTER, SHEREE H**  
**109 EAST WADE STREET**  
**TRENTON FL 32693**

*Todd S. Bryant*

*6600 SW 65th St*

*Trenton*

**FL**

**Zip Code** *32693*

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*2/17/03*

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003. Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **BRYANT, TODD S**  
**STREET ADDRESS** **6489 SW CR 232**  
**CITY-ST-ZIP** **TRENTON FL 32693**

**TITLE** ☒ Change ☐ Addition  
**NAME** *Todd S. Bryant*  
**STREET ADDRESS** *6600 SW 65th St*  
**CITY-ST-ZIP** *Trenton, FL 32693*

**TITLE** **D** ☐ Delete  
**NAME** **BRYANT, PAUL R**  
**STREET ADDRESS** **PO BOX 954**  
**CITY-ST-ZIP** **TRENTON FL 32693**

**TITLE** ☒ Change ☐ Addition  
**NAME** *OK*  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **BRYANT, MAE V**  
**STREET ADDRESS** **6489 SW CR 232**  
**CITY-ST-ZIP** **TRENTON FL 32693**

**TITLE** ☒ Change ☐ Addition  
**NAME** *Todd S. Bryant*  
**STREET ADDRESS** *6600 SW 65th St*  
**CITY-ST-ZIP** *Trenton, FL 32693*

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

**TITLE** ☐ Change ☐ Addition  
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**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 607, 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:**

*Todd S. Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/03*  
Date

*352/463-2574*  
Daytime Phone #

CR2E034 (10/02)