

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90069 014 ***150.00

DOCUMENT # P01000056894

1. Entity Name
TRI-COUNTY OUTREACH OF CENTRAL FLORIDA, INC.

Principal Place of Business
1706 E. SEMORAN BLVD., #112
APOPKA FL 32703

Mailing Address
5100 W. COLONIAL DR., SUITE 187
ORLANDO FL 32808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1706 E Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

MACON-MATTHEW, DEBRA
417 JORDON STURAT CIRCLE APT 103
APOPKA FL 32703

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

SIGNATURE Debra Macan Matthew

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

(NOTE: Registered Agent signature required when reinstating)

8/20/02

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MACON-MATTHEW, DEBRA**
STREET ADDRESS **417 JORDON STUART CIRCLE APT 103**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **V** ☒ Delete
NAME **PHILLIPS-HOLLIS, NICOLE**
STREET ADDRESS **1706 E. SEMORAN BLVD., #112**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Debra Macan Matthew 8/20/02 407-814-2204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



Attachment

PO 1000056894

1706 E Semoran Blvd
Suite 112
Apopka, FL 32703
Telephone: (407) 814-2204
Fax: (407) 814-2207
E-Mail: TriCooo@aol.com

Tri-County Outreach Of Central Florida, Inc.

August 20, 2002

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500
Re: Uniform Business Report

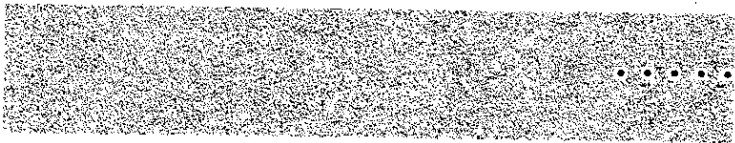
Dear Sir or Madam:

I am writing this letter to request that my corporation be reinstated. I have received a 60-day notice for filing the uniform business report, however we did not receive prior notices because you have the wrong address. Because of this error, we were not notified and did not file before the May 2002 deadline. I am submitting a completed corporate reinstatement form and a copy of the report along with the regular fee of \$150.

Sincerely,

Debra Macon Matthew

Debra Macon Matthew, MSW
Executive Director



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

*Attachment
BD135337*

DOCUMENT # P01000056894

1. Corporation Name

TRI-County Outreach of Central
Florida, Inc.

2. Principal Office Address

1706 E Semoran Blvd

3. Mailing Office Address

1706 E Semoran Blvd

Suite, Apt. #, etc.

Ste #112

Suite, Apt. #, etc.

Ste #112

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

Zip

32703

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

Oct 17, 2001

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Debra Macon - Matthew

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

417 Jordan Stuart Cir

Suite, Apt. #, Etc.

Apt #103

City

Apopka

State
FL

Zip Code

32703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Debra Macon Matthew

Date 8/20/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Debra Macon Matthew, Debra Macon Matthew 8/20/02 407-814-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (8/01)



Attachment

B0135331

#P01000056894

1706 E Semoran Blvd
Suite 112
Apopka, FL 32703
Telephone: (407) 814-2204
Fax: (407) 814-2207
E-Mail: TriCooo@aol.com

Tri-County Outreach Of Central Florida, Inc.

August 20, 2002

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500
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