02/03 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

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03-31-2003 90241.018 ***158.75
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056894

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

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** ☐ 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	Name
417 JORDON STURAT CIRCLE APT 103	Street Address (P.O. Box Number is Not Acceptable)
APOPKA FL 32703	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MACON-MATTHEW, DEBRA 417 JORDON STUART CIRCLE APT 103 APOPKA FL 32703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600021561[illegible] 07/15/03--01031--010 **150.00 ☐ Change ☐ Addition
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CR2EO34 (10/02)

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: Debra Macon-Matthew 2/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

Tri-County Outreach of Central Florida, Inc.

7-7-03

Dear Sean Toree

Please forgive me for the delay of this payment, but I spoke to you about a month ago. I have enclose the payment of $150 to cover the Return Check. I appreciate you working with me because I am a small business and unable to afford the $600 amount. I was in the hospital last year and then was out of work for 3 months and I was unaware of the returned check. I no longer have that secretary. Again I thank you. Please call me if you have any questions at the above #.

Debra Matthew