2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10197

1. Entity Name

TRIVEST, INC.

FILED

00 JAN 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2665 S BAYSHORE DR. #800 MIAMI FL 33133	2665 S BAYSHORE DR. #800 MIAMI FL 33133-5401

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

4. FEI Number 36-3352654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~KLEIN, PETER W.~~
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: Maria C. Callejas

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

City: 700003111FL347-5

01/26/00 01114 017
****150.00 ****150.00

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: Maria C Callejas 1/6/00
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KUFFNER, MARILYN D 2665 S BAYSHORE DRIVE 8TH FLOOR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D/T/CFO B. Jay Anderson 2665 S. Bayshore Dr, 8th FL Miami, FL 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ SMD TEMPLETON, TROY D 2665 SOUTH BAYSHORE DRIVE, SUITE 800 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD William F. Kaczynski 2665 S. Bayshore Dr. 8th FL Miami FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CBD~~ VCBD GEORGE, PHILLIP T 2665 S BAYSHORE DR 8TH FLOOR MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SMD Mark A. Abbott 2665 S. Bayshore Dr. 8th FL Miami FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPM KLEIN, PETER W 2665 SOUTH BAYSHORE DR., SUITE 800 MIAMI FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Peter Vardenberg, Jr. 2665 S. Bayshore Dr., 8th FL Miami FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GC KLEIN, PETER W 2665 SOUTH BAYSHORE DR., SUITE 800 MIAMI FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Derek A. McDowell 2665 S. Bayshore Dr., 8th FL Miami FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

$ LTS

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: ✓ M Kuffner REQUIRED 1-12-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marilyn D. Kuffner 7337. See.