

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16046

1. Entity Name

TRIVEST PLAN SPONSOR, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90184 038 ***150.00

Principal Place of Business

2665 SOUTH BAYSHORE DR. SUITE 800
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DR. SUITE 800
MIAMI FL 33133

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 65-0006158

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

CALLEJAS, MARIA C
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

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.

SIGNATURE

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, 2001 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 CPD
NAME POWELL, EARL W ☐ Delete
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 800
CITY-ST-ZIP MIAMI FL

TITLE VIT
NAME DANIEL J. KATSIKAS ☐ Change ☒ Addition
STREET ADDRESS 2665 SO BAYSHORE DR #800
CITY-ST-ZIP MIAMI FL 33133

TITLE D
NAME GEORGE, PHILLIP T MD ☐ Delete
STREET ADDRESS 2665 S. BAYSHORE DR., SUITE 800
CITY-ST-ZIP MIAMI FL 33133

TITLE VAS
NAME LINDA BAKER ☐ Change ☒ Addition
STREET ADDRESS 2665 SO BAYSHORE DR #800
CITY-ST-ZIP MIAMI FL 33133

TITLE VIFS
NAME ANDERSON, B. JAY ☒ Delete
STREET ADDRESS 2665 S BAYSHORE DR, SUITE 800
CITY-ST-ZIP MIAMI FL

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

TITLE AS
NAME KUFFNER, MARILYN D. ☐ Delete
STREET ADDRESS 2665 BAYSHORE DR STE 800
CITY-ST-ZIP MIAMI FL

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

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

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:

MARILYN D KUFFNER, Secretary

Date

Daytime Phone #

CR2E034 (10/00)