

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17779

1. Entity Name  
**TRIVEST GROUP, INC.**

**FILED**

00 JAN 18 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, STE. 800 MIAMI FL 33133	Mailing Address 2665 SOUTH BAYSHORE DRIVE, STE. 800 MIAMI FL 33133-5401
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DO NOT WRITE IN THIS SPACE

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 **06-1221904** 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 S. 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 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 Maria C Callejas DATE 1/6/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC KLEIN, PETER W. 2665 S.BAYSHORE DR #800 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE POWELL, EARL W. 2665 S.BAYSHORE DR STE. 800 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD TEMPLETON, TROY D. 2665 S BAYSHORE DR. STE. 800 MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KUFFNER MARILYN D 2665 SOUTH BAYSHORE DRIVE 800 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE GEORGE, PHILLIP T M.D. 2665 S. BAYSHORE DRIVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELIAS, JON E 2665 S. BAYSHORE DRIVE MIAMI FL	<input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Peter vanderberg, Jr. 2665 S. Bayshore Dr. Ste F, Miami FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD Mark A. Abbott 2665 S. Bayshore Dr. Ste FL Miami FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD Troy D. Templeton	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phillip T. George, MD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/>

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-01/26/00--0114-024  
\*\*\*150.00 \*\*\*150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn D. Kuffner **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-12-00

Daytime Phone #

TS