

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90006 039 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P19956
1. Entity Name
THE VOICE OF TRIUMPH, INC.

Principal Place of Business Mailing Address
RT 3 BOX 357-D PO BOX 78
MAYO FL 32066 MAYO FL 32066
US US

2. Principal Place of Business 3. Mailing Address
Route 2, Box 209 Suite, Apt. #, etc.

City & State City & State
Mayo, FL
Zip Country Zip Country
32066

4. FEI Number 95-2985573 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEILL, GENE
RT 3 BOX 357-D
MAYO FL 32066

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Route 2, Box 209
City Mayo FL Zip Code 32066

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 *Gene Neill* Gene Neill, Pres. 1-4-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEILL, GENE RT 3 BOX 357-D MAYO FL 32066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gene Neill Rt. 2, Box 209 Mayo, FL 32066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONVERSE, WILLIAM 11681 RIVERBEND DRIVE LEAVENWORTH WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, DENNIS 473 BIRWOOD EAST TALLAHASSEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDFORD, WILLIAM 2710 OAK LAWN AVE. DALLAS TX 75219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEILL, HEATHER 1155 WESTERN BLVD LAKE PLACID FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Heather Neill RT. 3, Box 357-D Mayo, FL 32066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Heather Neill* HEATHER NEILL, Sec. 1/4/01 904-294-1236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)