

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90154 020 ****70.00

DOCUMENT # P19956

1. Entity Name

THE VOICE OF TRIUMPH, INC.

Principal Place of Business

RT 2 BOX 209
MAYO FL 32066
US

Mailing Address

PO BOX 78
MAYO FL 32066
US

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

95-2985573

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

NEIL GENE
RT 2 BOX 209
MAYO FL 32066

correct to "Neill"

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

1-16-02

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 ☐ Delete
NAME **PD NEILL, GENE**
STREET ADDRESS **RT 3 BOX 357-D**
CITY-ST-ZIP **MAYO FL 32066**

TITLE ☐ Change ☐ Addition
NAME **Gene Neill**
STREET ADDRESS **Rt. 2, Box 209**
CITY-ST-ZIP **Mayo, FL 32066**

TITLE ☐ Delete
NAME **VD CONVERSE, WILLIAM**
STREET ADDRESS **11681 RIVERBEND DRIVE**
CITY-ST-ZIP **LEAVENWORTH WA**

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

TITLE ☐ Delete
NAME **T YOUNG, DENNIS**
STREET ADDRESS **473 BIRWOOD EAST**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ Delete
NAME **D SANDFORD, WILLIAM**
STREET ADDRESS **2710 OAK LAWN AVE.**
CITY-ST-ZIP **DALLAS TX 75219**

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

TITLE ☐ Delete
NAME **S NEILL, HEATHER**
STREET ADDRESS **1155 WESTERN BLVD**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ Change ☐ Addition
NAME **Heather Neill**
STREET ADDRESS **Rt 2, Box 112**
CITY-ST-ZIP **Mayo, FL 32066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02 386-294-1236

CR2E037 (9/01)