

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90073 031 \*\*\*158.75

00036634



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000021746**

1. Entity Name

**TRICON AMERICA CORPORATION**

Principal Place of Business      Mailing Address  
 902 CLOYD DAIRY LOOP      P O BOX 667  
 ORLANDO FL 32825      ROSEBURG OR 97470-0138

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

**59-3188617**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75**

Additional Fee Required

6. Name and Address of Current Registered Agent

**SIVAR, YILDIRIM**  
**902 CLOYD DAIRY LOOP**  
**ORLANDO FL 32825**

7. Name and Address of New Registered Agent

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	SYKES, MARY J.	
STREET ADDRESS	1730 NW VALLEY VIEW DR	
CITY-ST-ZIP	ROSEBURG OR	
TITLE	VPDC	<input checked="" type="checkbox"/> Delete
NAME	GUNGOREN, HAKKI	
STREET ADDRESS	1730 N.W. VALLEY VIEW DR.	
CITY-ST-ZIP	ROSEBURG OR 97470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASE, SHAIKHA ALI AL MASKARI	
STREET ADDRESS	1730 N.W. VALLEY VIEW DR.	
CITY-ST-ZIP	ROSEBURG OR 97470	
TITLE	V/M/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNGOREN, HAKKI	
STREET ADDRESS	1730 N.W. VALLEY VIEW DR.	
CITY-ST-ZIP	ROSEBURG OR 97470	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, MARY J.	
STREET ADDRESS	1730 N.W. VALLEY VIEW DR.	
CITY-ST-ZIP	ROSEBURG OR 97470	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASE, NAJYB KARL	
STREET ADDRESS	1730 N.W. VALLEY VIEW DR.	
CITY-ST-ZIP	ROSEBURG OR 97470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Mary J Sykes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

Daytime Phone #

CR2E034 (9/99)