

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90035 002 ***158.75

0044489

DOCUMENT # P94000031469

1. Entity Name
TRI-PROPERTIES OF ORLANDO, INC.

Principal Place of Business
3320 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804
US

Mailing Address
831 MYSTIC OAK PL
APOPKA FL 32712
US

1 5 8 4 4 8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3238626		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCGUANE, BRENDA L 3320 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804				Name			
				CICCARELLO, SALVATORE			
				Street Address (P.O. Box Number is Not Acceptable)			
				831 MYSTIC OAK PL.			
				City		FL	Zip Code
				APOPKA			32712

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]* *CICCARELLO, SALVATORE* *4/16/01*
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CICCARELLO, BRENDA L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUANE, BRENDA L		NAME	831 MYSTIC OAK PL.	
STREET ADDRESS	5391 ANGUS AVENUE		STREET ADDRESS	APOPKA FLA. 32712	
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CICCARELLO, SALVATORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE CICCARELLO		NAME	831 MYSTIC OAK PL.	
STREET ADDRESS	5391 ANGUS AVE		STREET ADDRESS	APOPKA FLA 32712	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* *SALVATORE CICCARELLO* *4/16/01* *(407) 2974011*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)