

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024317

1. Entity Name

TRIVEST EQUITIES, INC.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI FL 33133-5401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0577030

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 SOUTH 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

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

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 ~~SVP~~ MD ☐ Delete

NAME KACYZNSKI, WILLIAM F  
STREET ADDRESS 2665 S BAYSHORE DRIVE 8TH FLOOR  
CITY-ST-ZIP MIAMI FL

TITLE ~~SVP~~ MD ☐ Delete

NAME MCDOWELL, DEREK A  
STREET ADDRESS 2665 S BAYSHORE DR STE 800  
CITY-ST-ZIP MIAMI FL

TITLE ~~SVP~~ SMD ☐ Delete

NAME TEMPLETON, TROY D  
STREET ADDRESS 2665 S BAYSHORE DR STE 800  
CITY-ST-ZIP MIAMI FL

TITLE VPMS ☒ Delete

NAME KLEIN, PETER W.  
STREET ADDRESS 2665 S BAYSHORE DR, STE 800  
CITY-ST-ZIP MIAMI FL

TITLE ~~APT~~ D/T/S/CFO ☐ Delete

NAME ANDERSON, B. JAY  
STREET ADDRESS 2665 S BAYSHORE DR STE 800  
CITY-ST-ZIP MIAMI FL

TITLE AS ☒ Delete

NAME KUFFNER, MARILYN D.  
STREET ADDRESS 2665 S BAYSHORE DR STE 800  
CITY-ST-ZIP MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SMD ☐ Change ☒ Addition

NAME mark A. Abbott  
STREET ADDRESS 2665 S. Bayshore Dr., 8th FL  
CITY-ST-ZIP miami FL

TITLE MD ☐ Change ☒ Addition

NAME Peter Vandenberg, Jr.  
STREET ADDRESS 2665 S. Bayshore Dr., 8th FL  
CITY-ST-ZIP miami FL

TITLE D/CDB/P/CEO ☐ Change ☒ Addition

NAME Earl W. Powell  
STREET ADDRESS 2665 S. Bayshore Dr. 8th FL  
CITY-ST-ZIP miami FL

TITLE D ☐ Change ☒ Addition

NAME Phillip T. George, MD.  
STREET ADDRESS 2665 S. Bayshore Dr.  
CITY-ST-ZIP miami FL

TITLE D/T/S/CFO ☒ Change ☐ Addition

NAME B. Jay Anderson

TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

maria C. Callejas, ASST. SEC.

Date

Daytime Phone #

FILED

00 JAN 18 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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