

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024470

1. Entity Name

TRIVEST II, INC.

FILED

00 JAN 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0575855	Applied For Not Applicable
Zip	Country	Zip	Country

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 **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 **Maria C Callejas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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 NAME STREET ADDRESS CITY-ST-ZIP	COBD GEORGE, PHILLIP T MD 2665 S. BAYSHORE DRIVE MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO POWELL, EARL W 2665 S BAYSHORE DR SUITE 800 MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KACZYNSKI, WILLIAM F 2665 S BAYSHORE DRIVE 8TH FLOOR MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MCDOWELL, DEREK A 2665 S BAYSHORE SUITE 800 MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD TEMPLETON, TROY D 2665 S BAYSHORE SUITE 800 MIAMI FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KUFFNER, MARILYN D 2665 S. BAYSHORE DRIVE SUITE 800 MIAMI FL 33133 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D B Jay Anderson 2665 S. Bayshore Dr., 8th FL Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD Mark A. Abbott 2665 S. Bayshore Dr., 8th FL Miami FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Peter Vandenberg, Jr 2665 S. Bayshore Dr., 8th FL Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD 100003111951--3 -01/26/00--01114--018 ***150.00 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMD 1 TS <input type="checkbox"/> Change <input type="checkbox"/> 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:

Marilyn D Kuffner, ASST. Sec.

1-18-00

Date

Daytime Phone #