

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052693

1. Entity Name

TRI STAR PROPERTIES, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90202 017 ***150.00

Principal Place of Business

Mailing Address

8140 COLLEGE PKWY., SUITE 201
FT. MYERS FL 33919

8140 COLLEGE PKWY., SUITE 201
FT. MYERS FL 33919-0481

2. Principal Place of Business

8695 College Pkwy. Ste. 240

3. Mailing Address

P.O. Box 07483

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 241

City & State

Ft. Myers FLA

City & State

Ft. Myers FL

4. FEI Number

65-0593426

Applied For

Not Applicable

Zip

Country

33919

USA

Zip

Country

33919

USA

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

HANNAH, DOUGLAS J
2156 MCGREGOR BLVD.
FT. MYERS FL 33901

Name

Douglas J. Hannah

Street Address (P.O. Box Number is Not Acceptable)

8695 College Pkwy. Ste. 241

City

Ft. Myers

FL

Zip Code

33919

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

4/4/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME D
STREET ADDRESS HANNAH, DOUGLAS J
CITY-ST-ZIP 2156 MCGREGOR BLVD.
FT. MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Hannah, Douglas J.
CITY-ST-ZIP P.O. Box 07483
Ft. Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

941/454-5200

Daytime Phone #

CS 1214 (9/99)