

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90016 001 \*\*\*150.00

**DOCUMENT # P95000068018**

1. Entity Name

**TRI-COUNTY HOME INSPECTIONS, INC.**

Principal Place of Business

Mailing Address

995-201 NORTHERN DANCER WAY  
CASSELBERRY FL 32707

995-201 NORTHERN DANCER WAY  
CASSELBERRY FL 32792-6535

2. Principal Place of Business

**7480 CANFORD COURT**

Suite, Apt. #, etc.

3. Mailing Address

**7480 CANFORD COURT**

Suite, Apt. #, etc.

City & State

**WINTER PARK, FL**

Zip

**32792**

Country

**ORANGE**

City & State

**WINTER PARK, FL**

Zip

**32792**

Country

**ORANGE**

4. FEI Number

**59-3326455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LENTNER, LARRY M**  
**995-201 NORTHERN DANCER WAY**  
**CASSELBERRY FL 32707**

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

*Larry M. Lentner*

**LARRY M. LENTNER**

**Jan. 29, 2000**

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	PTD	<input type="checkbox"/> Delete
NAME	LENTNER, LARRY M	
STREET ADDRESS	995-201 NORTHERN DANCER WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LENTNER, MARJORIE E	
STREET ADDRESS	995-201 NORTHERN DANCER WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7480 CANFORD COURT	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7480 CANFORD COURT	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Larry M. Lentner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LARRY M. LENTNER**

Date

**Jan. 29, 2000**

Daytime Phone #

**(407) 782-3585**

CR2E034 (9/99)