

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091245

1. Entity Name

TRI-S MANAGEMENT CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90006 031 ***150.00

Principal Place of Business

Mailing Address

15TH LN. N.
ST. PETERSBURG FL 33702

8600 15TH LN. N.
ST. PETERSBURG FL 33702-2806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DURRETT, LEO J JR.
8600 15TH LN. N.
ST. PETERSBURG FL 33702

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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	D	<input type="checkbox"/> Delete
NAME	DURRETT, LEO J JR.	
STREET ADDRESS	8600 15TH LN. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	P	<input type="checkbox"/> Delete
NAME	DURRETT, STEVE	
STREET ADDRESS	8600 15TH LANE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DURRETT, SCOTT	
STREET ADDRESS	9230 BURT ST APT 322	
CITY-ST-ZIP	OMAHA NE	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DURRETT, SHARON	
STREET ADDRESS	1700 SW 16TH CT APT A3	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)