2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091245

1. Entity Name

TRI-S MANAGEMENT CORPORATION

City & State	e	City & State							
Zip	Country	Zìp							
	C. Normand Address of Command R	laulata and Amenta							
	6. Name and Address of Current R	egistered Agent							
Durrett, Leo J Jr. 8600 15th Ln. n. St. Petersburg Fl 33702									
8. The above	named entity submits this statement for	the purpose of changing							
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (N							
Tax filling r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOT After MAY 1, Make Check Pay							
11.	OFFICERS AND D								
TITLE	D	☐ Delete							
NAME	DURRETT, LEO J JR.								
STREET ADDRESS	8600 15TH LN. N.								
CITY-ST-ZIP	ST. PETERSBURG FL 33702								
TITLE	P	☐ Delete							
NAME	DURRETT, STEVE								
STREET ADDRESS	8600 15TH LANE N.	•							
CITY-ST-ZIP	ST. PETERSBURG FL 33702								
TITLE	VP	☐ Delete							
NAME	DURRETT, SCOTT	1 00,010							
STREET ADDRESS	9230 BURT ST APT 322								
CITY-ST-ZIP									
	OMAHA NE								
TITLE	ST SUPPOSE	L Delete							
NAME	DURRETT, SHARON								
STREET ADDRESS	1700 SW 16TH CT APT A3								
CITY-ST-ZIP	GAINESVILLE FL								
TITLE		☐ Delete							
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
TITLE		☐ Delete							
NAME		□ Delete							
STREET ADDRESS		~							
CITY-ST-ZIP	. (•							
1									
 13. I hereby of indicated of the concentration 	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee en or or on an attachment with an address, w	this filling does not qualify true and accurate and the vered to execute this rep (ttyall other like empower							
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with all other like empowered.

ING OFFICER OR DIRECTOR

FILED May 08, 2000 8:00 am Secretary of State 05-08-2000 90006 031 ***150.00

Principal Plac	e of Business	Mailing Address		,	\dashv						
IIII 15TH LN. N.		8600 15TH LN. N. ST. PETERSBURG FL 33702-2806						951	125		
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e	City & State			4. 1	FEI Number	NOT APP	LICABLE	<u> </u>	oplied For ot Applicable	
Zip Country		Zip Country			5.	Certificate of	Status Desired		\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current R	egistered Agent	'		- 1 - 7, 1	Name and Ad	Idress of New			. ~	
				Name							
	rett, leo j jr. 1 15th ln. n.			Street Addres	s (P.O. B	lox Number is	Not Acceptab	le)			
ST. F	PETERSBURG FL 33702										
	City			City				FL	Zip Cod	е	
8. The above	named entity submits this statement for	the purpose of changing its	ı registere	l ed office or regis	stered ag	ent, or both, i	n the State of F	lorida.	I		
• • • • • • • • • • • • • • • • • • • •		,									
SIGNATURE .		W. W.		d Agent signature regu				DATE			
	Signature, typed or printed name of registered agent an	d title if applicable. (NO	E: Registered	Agent signature requ	ired when re	einstating)		DATE			
		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			1	on Campaign F Fund Contributi			0 May Be d to Fees	
11.	OFFICERS AND D	1	12.	•		I DITIONS/CH	IANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE	.					☐ Change	Addition	
NAME	DURRETT, LEO J JR.		NAME								
STREET ADDRESS CITY-ST-ZIP	8600 15TH LN. N.			ET ADDRESS - ST-ZIP							
	ST. PETERSBURG FL 33702	П		1					☐ Change	Addition	
TITLE NAME	DURRETT, STEVE	☐ Delete	TITLE NAME	į.					L change	L.) Addition	
STREET ADDRESS	8600 15TH LANE N.			ET ADDRESS							
CITY-ST-ZIP	ST. PETERSBURG FL 33702		CITY	-ST-ZIP							
TITLE	VP	☐ Delete	TITLE			-	-	**	- Change	☐ Addition	
NAME	DURRETT, SCOTT		NAME								
STREET ADDRESS CITY-ST-ZIP	9230 BURT ST APT 322			ET ADDRESS -ST-ZIP							
	OMAHA NE St	☐ Delete	TITLE	}					☐ Change	[7] Addition	
TITLE NAME	DURRETT, SHARON	rem Detete	NAME	1					onlingo		
STREET ADDRESS	1700 SW 16TH CT APT A3			ET ADDRESS							
CITY-ST-ZIP	GAINESVILLE FL	•	CITY-	-ST-ZIP							
TITLE		☐ Delete	TITLE	: İ				<u></u>	Change	Addition	
NAME			NAMI	E							
STREET ADDRESS		•		ET ADDRESS .							
CITY-ST-ZIP			CITY	-ST-ZIP					·		
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME			NAME								
STREET ADDRESS CITY-ST-ZIP	. (5		ET ADDRESS - ST-ZIP							
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13. I hereby of indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empty.	his filing does not qualify for true and accurate and that vered to execute this repor	or the exer my signat as requir	mption stated in cure shall have the red by Chapter 6	Section ne same 607, Flori	119.07(3)(i), f legal effect as da Statutes; a	Florida Statutes s if made unde and that my nar	s. I further cert r oath; that I a me appears ir	ify that the in m an officer i Block 11 or	nformation or director r Block 12 if	