

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0082485 AV

DOCUMENT # P96000015477

1. Entity Name
TRI CITY VENDING COMPANY, INC.

04-08-2002 90242 019 ***150.00

Principal Place of Business Mailing Address
% ANTHONY J. SALZMAN/MOODY &SALZMAN. PA **% ANTHONY J. SALZMAN/MOODY &SALZMAN. PA**
P.O. DRAWER 2759 **P.O. DRAWER 2759**
GAINESVILLE FL 32602 **GAINESVILLE FL 32602**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3378118** Applied For
 Not Applicable

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

SALZMAN, ANTHONY J
500 E UNIVERSITY AVE STE A
GAINESVILLE FL 32602-2759

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 _____ (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, 2002 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 CANNON, WILLIAM**
 STREET ADDRESS **201 NW 28 TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

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

TITLE ☐ Delete
 NAME **D BULLARD, CHESTER**
 STREET ADDRESS **1661 NW 19TH CIR**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4829 N.W. 18th Place**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

William Cannon
WILLIAM CANNON

3/31/02
 Date

Daytime Phone #

CR2E034 (9/01)