

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060561

1. Entity Name
TRG&G, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90327 034 ***150.00

Principal Place of Business

1001 3RD AVENUE WEST #400
BRADENTON FL 34205

Mailing Address

1001 3RD AVENUE WEST #400
BRADENTON FL 34205

C0018183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

540 MEADOW SWEET CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

540 MEADOW SWEET CIRCLE

Suite, Apt. #, etc.

City & State

OSPREY, FL

Zip

34229

Country

City & State

OSPREY, FL

Zip

34229

Country

4. FEI Number

65-0692340

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

GREENE, ROBERT F
1301 6TH AVENUE WEST #505
BRADENTON FL 34205

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, 2001 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 PD ☐ Delete
NAME GEORGOPOLIS, MICHAEL
STREET ADDRESS 1249 N LAKESHORE DR
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 540 MEADOW SWEET CIRCLE
CITY-ST-ZIP OSPREY, FL 34229

TITLE PD ☐ Delete
NAME RITER, CHARLES S
STREET ADDRESS 25 FOUR WINDS WAY
CITY-ST-ZIP AMHERST NY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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, or in any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)