

1/23/1

FILED**Feb 09, 2001 8:00 am**
Secretary of State

01-23-2001 90124 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000013738**

1. Entity Name

FLORIDA TRILOGY, INC.

Principal Place of Business

**1202 POINSETTA DR.
DELRAY BEACH FL 33444**

Mailing Address

**1202 POINSETTA DR.
DELRAY BEACH FL 33444**

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 **65-0742623**Applied For
Not Applicable5. 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

**LEFKOWITZ, DENNIS S ESQ
2295 CORPORATE BOULEVARD N.W.
SUITE 120
BOCA RATON FL 33431**Name **ORME, VERNON J**

Street Address (P.O. Box Number is Not Acceptable)

8823 JASPERS DRIVECity **BOYNTON BEACH**

FL

Zip Code **33437**

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

TITLE **PD** ☐ Delete
NAME **LOPEZ, DAVID**
STREET ADDRESS **1360 SABAL LAKES ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**TITLE **STD** ☐ Delete
NAME **ORME, VERNON J**
STREET ADDRESS **8823 JASPERS DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**TITLE **VPD** ☐ Delete
NAME **WIKLE, KEITH**
STREET ADDRESS **7093 CHARLESTON POINT DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33487**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERNON J ORME 1-11-01 (561) 272-0494

Date

Daytime Phone #