

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014379

Entity Name  
TRI-CITY ELECTRICAL CONTRACTORS, INC.

FILED  
Feb 21, 2000 8:00 am  
Secretary of State  
02-21-2000 90017 027 \*\*\*158.75

Principal Place of Business      Mailing Address  
WEST DRIVE      430 WEST DRIVE  
ALTAMONTE SPRINGS FL 32714      ALTAMONTE SPRINGS FL 32714-2539

Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      59-3496182      Applied For  
Not Applicable

5. Certificate of Status Desired      ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	D BECK, F. TRAYNOR 1025 THOMAS JEFFERSON ST. NW, STE 600 EAST WASHINGTON DC 20007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beck, F. Traynor 110 Cheshire Lane, Ste. 210 Minnetinka, MN 55305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	D CLAYTON, TIMOTHY 1025 THOMAS JEFFERSON ST. NW, STE 600 EAST WASHINGTON DC 20007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clayton, Timothy 110 Cheshire Lane, Ste. 210 Minnetinka, MN 55305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	P EIDEL, HELMUTH L 430 WEST DRIVE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Olmstead, Jack 430 West Drive Altamonte Springs, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ST-ZIP	V BEASLEY, DAVID M 430 WEST DRIVE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Borderick, F. Rance 430 West Drive Altamonte Springs, FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ADDRESS ST-ZIP	V MCFARLAND, CHARLES W 430 WEST DRIVE ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ADDRESS ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:      2-10-00      407-788-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
Charles W. McFarland, VP Admin/CFO

CR2E034 (9/99)