

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044965

1. Entity Name

TRI-COUNTY TRANSCRIPTION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90110 033 ***150.00

Principal Place of Business

Mailing Address

14503 68TH STREET NORTH
LOXHATCHEE FL 33470

14503 68TH STREET NORTH
LOXHATCHEE FL 33470-4570

2. Principal Place of Business

11490 Okeechobee Blvd.

3. Mailing Address

11490 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite 5

Suite, Apt. #, etc.

Suite 5

City & State

Royal Palm Beach

City & State

Royal Palm Beach

Zip

33411

Country

USA

Zip

33411

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0842499

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

BROTMAN, PATTI
14503 68TH STREET NORTH
LOXHATCHEE FL 33470

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, 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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROTMAN, PATTI	
STREET ADDRESS	14503 68TH STREET NORTH	
CITY-ST-ZIP	LOXHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNELL, MARGARET	
STREET ADDRESS	14503 68TH STREET NORTH	
CITY-ST-ZIP	LOXHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5390 MANGO BVD	
CITY-ST-ZIP	WPB FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/7/00 561 791-4600

CR2E034 (9/99)