

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049608

1. Entity Name

CT TRICO ENTERPRISES, INC.

FILED

May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90063 022 \*\*\*150.00

Principal Place of Business

Mailing Address

15907 LAKE ORIENTA CT.  
CLERMONT FL 34711-8119

15907 LAKE ORIENTA CT.  
CLERMONT FL 34711-8119

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 59-3517799

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

GARRICK, DAVID JR.  
1795 E HWY. 50, SUITE A  
CLERMONT FL 34711

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** ☒ Delete  
NAME GARRICK, DAVID JR.  
STREET ADDRESS 1795 E. HWY. 50, SUITE A  
CITY-ST-ZIP CLERMONT FL 34711

TITLE **P** ☐ Delete  
NAME PARKER, CHESTER T  
STREET ADDRESS 15907 LAKE ORIENTA CT.  
CITY-ST-ZIP CLERMONT FL 34711

TITLE **ST** ☐ Delete  
NAME TANNER, LAWRENCE H  
STREET ADDRESS 2512 S. TANNER RD.  
CITY-ST-ZIP ORLANDO FL 32820

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

@ 4/30/00 352 241-4922  
Date Daytime Phone #