

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049608

1. Entity Name
CT TRICO ENTERPRISES, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90140 009 ***150.00

Principal Place of Business
15907 LAKE ORIENTA CT.
CLERMONT FL 34711-8119

Mailing Address
15907 LAKE ORIENTA CT.
CLERMONT FL 34711-8119

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2512 S TANNER RD

3. Mailing Address
1795 E HWY 50

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
CLERMONT

4. FEI Number 59-3517799

Applied For
Not Applicable

Zip Country
32820 USA

Zip Country
FL

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

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

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

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID GARRICK JR
13201 PLUM LAKE CIRCLE
CLERMONT, FL 34711 ☐ Change ☒ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

4/30/01 352 243-0440

0430631

CR2E034 (10/00)