

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056493

1. Entity Name

TRIPLE CROWN ICE CREAM, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90463 002 ***150.00

Principal Place of Business

Mailing Address

10072 NW 53RD STREET
SUNRISE FL 33351
US

10072 NW 53RD STREET
SUNRISE FL 33351-8068
US

2. Principal Place of Business

3. Mailing Address

15495 Eagle Nest Lane, Ste 100

15495 Eagle Nest Lane, Ste 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

Ste 100

City & State

City & State

Miami Lakes, Florida

Miami Lakes, Florida

Zip

Country

Zip

Country

33014

US

33014

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0848898

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

ADDLESTONE, GAIL
10072 NW 53RD STREET
SUNRISE FL 33351

Name

Rick S. Jacobs, Esquire

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

15495 Eagle Nest Lane, Ste 100

City

Miami Lakes

FL

Zip Code

33014

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] Esquire

Rick S. Jacobs, Esq.

4/24/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTDS ☐ Delete
NAME JACOBS, GAIL A
STREET ADDRESS P.O. BOX 820483
CITY-ST-ZIP SOUTH FLORIDA FL 33082-0483

TITLE PTDS ☒ Change ☐ Addition
NAME JACOBS, Gail A.
STREET ADDRESS 15495 Eagle Nest Lane, Ste 100
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Gail A. Jacobs GAIL A. JACOBS, Director

4/24/2000 (305) 231-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)