

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000070051**1. Entity Name
TRIBRIDGE, INC.

Principal Place of Business

600 N. WESTSHORE BLVD
STE 800
TAMPA
33609

FL

Mailing Address

600 N. WESTSHORE BLVD
STE 800
TAMPA
33609

FL

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

59-3526660

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JEFFRIES DAVID MESQ.
220 S. FRANKLIN ST.TAMPA
33602

FL

US

7. Name and Address of New Registered Agent

Name

HADLOW RICHARD ESQ.

Street Address (P.O. Box Number is Not Acceptable)
220 S. FRANKLIN ST.City
TAMPA

FL

Zip Code
33602

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 **RICHARD HADLOW**

08/06/2001

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE THOMAS E	
STREET ADDRESS	4810 WOODMERE ROAD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HERDEGEN MICHAEL J	
STREET ADDRESS	9367 1ST STREET, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIBENEDETTO ANTHONY	
STREET ADDRESS	823 S. ROXMERE ROAD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMING BRIAN K	
STREET ADDRESS	4607 BAY CREST DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE ROBERT	
STREET ADDRESS	4219 W. AZEELE ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUERER WILLIAM J	
STREET ADDRESS	16215 TALAVERA DE AVILA	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERDEGEN MICHAEL J	
STREET ADDRESS	9367 1ST STREET, NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBENEDETTO ANTHONY	
STREET ADDRESS	823 S. ROXMERE ROAD	
CITY-ST-ZIP	TAMPA FL 33609	
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: **STEVE R. GAGNE**

VTS

08/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)