

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90002 025 \*\*\*150.00

**DOCUMENT # P99000027508**

1. Entity Name  
**TRINITY PUBLISHING COMPANY OF NORTHWEST FLORIDA,**

Principal Place of Business 125 W. ROMANA ST., STE. 224 PENSACOLA FL 32501	Mailing Address 125 W. ROMANA ST., STE. 224 PENSACOLA FL 32501-5849
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2. Principal Place of Business 77 Baybridge Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1463 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Gulf Breeze FL	City & State Gulf Breeze FL	4. FEI Number 59-3573764	Applied For <input type="checkbox"/> Not Applicable
Zip 32561	Country Santa Rosa	Zip 32561	Country Santa Rosa
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOZIER, DANIEL R 125 W. ROMANA ST., STE. 224 PENSACOLA FL 32501	7. Name and Address of New Registered Agent Name: Richard Outzen Street Address (P.O. Box Number is Not Acceptable): P.O. 77 Baybridge Dr City: Gulf Breeze FL Zip Code: 32561
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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 Outzen* DATE: 4/30/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	President Richard M. Outzen Jr 110 Pine Hill Gulf Breeze, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Outzen* DATE: 4/30/00 DAYTIME PHONE #: 850 934 9466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)