

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90110 035 ***150.00

DOCUMENT # P99000040363

1. Entity Name

TRIPLE CROWN PROPERTY MANAGEMENT, INC.



Principal Place of Business

**9140 US HWY 192
CLERMONT FL 34711**

Mailing Address

**505 AVENUE
STE 105
WINTER HAVEN FL 33881**

2. Principal Place of Business

9110 US HWY 192

3. Mailing Address

9110 US HWY 192

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3598401

Applied For

Not Applicable

Zip

Country

Zip

Country

34711

34711

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

GOVONI, BRIAN R

505 AVENUE

STE 102

WINTER HAVEN FL 33881-4626

Name

David Edwards

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

16821 Apopka Springs Blvd.

City

Montverde

FL

Zip Code

34756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EDWARDS, DAVID**
CITY-ST-ZIP **139 PINE LAKE VIEW DRIVE
DAVENPORT FL 33837**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **16821 Apopka Springs Blvd.**
CITY-ST-ZIP **Montverde, FL 34756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 667, Florida Statutes; and that my name appears in Block 10 or Block 11 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

2/25/03

Date

863 424 2309

Daytime Phone #

CR2E034 (10/02)