

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100516

1. Entity Name

TRIPLE PLAY OF TALLAHASSEE, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90048 040 ***150.00

Principal Place of Business

Mailing Address

1800 THOMASVILLE RD.
TALLAHASSEE FL 32303

1800 THOMASVILLE RD.
TALLAHASSEE FL 32303

835360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2910 Kerry Forest Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit A-7 & A-8

City & State

City & State

Tallahassee, FL

Zip

Zip

32308

Country

U.S.

Country

4. FEI Number 59-3618498

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

DYE, DON D
317 E. CALL STREET
TALLAHASSEE FL 32301

Name

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

236 E. Fifth Ave.

City

Tallahassee

FL

Zip Code

32303

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

DON D. DYE

4/17/01

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 D ☐ Delete
NAME GRAY, BRADLEY B
STREET ADDRESS 1800 THOMASVILLE RD.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☐ Delete
NAME CHILDERS, SAMUEL S
STREET ADDRESS 226 E. 6TH AVE.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

BRADLEY B. GRAY

Date

4/17/01

850-545-1910

Daytime Phone #

CR2E034 (10/00)