

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103431

1. Entity Name

TRILOGY INTERNATIONAL, INC.

FILED

Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90005 040 ***150.00

Principal Place of Business

Mailing Address

526 SE DIXIE HIGHWAY
STUART FL 34994

526 SE DIXIE HIGHWAY
STUART FL 34994

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

65 0879154

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

HARRIS, MICHAEL D
1645 PALM BEACH LAKES BLVD.
SUITE 550
WEST PALM BEACH FL 33401

Name

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

City

DELA

FL

Zip Code

33471

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, 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 ☐ Delete
NAME D
STREET ADDRESS HARRIS JORDAN, MICHAEL
CITY-ST-ZIP 902 CLINT MOORE ROAD SUITE 136
BOCA RATON FL 33487

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS RYAN D CHAMBERLIN
CITY-ST-ZIP 10310 S. US HWY 441
BELLEVUE FL 33420

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS ARTHUR GALABRO
CITY-ST-ZIP 661 Rolling Hills CT
BRICK NJ 08724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR + SECRETARY
STREET ADDRESS JOHN HOLMES
CITY-ST-ZIP 49504 NAUTICAL DR
CHESTERFIELD MI 48047

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR + PRESIDENT
STREET ADDRESS CAROL A. BERNARDI
CITY-ST-ZIP 1050 SW CHAPMAN
PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS DENNIS A BERNARDI
CITY-ST-ZIP 1050 SW CHAPMAN WAY
PALM CITY FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CHIEF FINANCIAL OFFICER
STREET ADDRESS DAVID CANTLEY
CITY-ST-ZIP 4192 SE BAYVIEW
STUART FL 34997

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 561-761-7278

Date

Daytime Phone #