

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103431

1. Entity Name

TRILOGY INTERNATIONAL, INC.

Principal Place of Business

526 SE DIXIE HIGHWAY
STUART FL 34994

Mailing Address

526 SE DIXIE HIGHWAY
STUART FL 34994

2. Principal Place of Business

SAME

3. Mailing Address

SAME

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

LINDSEY, VANESSA H
1941 SE 51 ST TERRACE
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

STEPHEN M. BERARDI SR.

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

526 SE DIXIE HIGHWAY

City

STUART

FL

Zip Code

34994

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

Stephen M Berardi Sr., STEPHEN M BERARDI SR., SECRETARY

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	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS JORDAN, MICHAEL	
STREET ADDRESS	902 CLINT MOORE ROAD SUITE 136	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERLIN, RYAN D	
STREET ADDRESS	10310 S US HWY 441	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALABRO, ARTHUR E	
STREET ADDRESS	661 ROLLING HILLS CT	
CITY-ST-ZIP	BRICK NJ 08724	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, JOHN	
STREET ADDRESS	49504 NAUTICAL DR	
CITY-ST-ZIP	CHESTERFIELD MI 48047	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, JOHN	
STREET ADDRESS	49504 NAUTICAL DR	
CITY-ST-ZIP	PALM CITY FL 48047	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERARD, DENNIS A	
STREET ADDRESS	1050 SW CHAPMAN WAY	
CITY-ST-ZIP	PALM CITY FL 34990	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Joachim	
STREET ADDRESS	7810 WARFIELD RD.	
CITY-ST-ZIP	GAITHERSBURG, MD 20882	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN BERARDI SR.	
STREET ADDRESS	4922 SW LAKE GROVE CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berardi, Dennis A	
STREET ADDRESS	1050 SW CHAPMAN WAY	
CITY-ST-ZIP	STUART FL 34990	

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:

Stephen Berardi Sr., STEPHEN BERARDI SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

561-219-7703

Daytime Phone #

CR2E034 (10/00)