

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81591

1. Entity Name

TRIA CAPITA, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90002 013 ***150.00

Principal Place of Business

20 SOUTH BROAD ST
BROOKSVILLE FL 34601
US

Mailing Address

P O BOX 485
BROOKSVILLE FL 34605
US

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 59-3114095

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

HOGAN, THOMAS S. JR.
20 SOUTH BROAD STREET
BROOKSVILLE FL 34601

Name

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

City

FL

Zip Code

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, 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 DPST ☐ Delete
NAME BOOTH, JAMES W.
STREET ADDRESS P.O. BOX 616 N/A
CITY-ST-ZIP SPARTA GA 31087-0616

TITLE DP ☒ Change ☐ Addition
NAME BOOTH, JAMES W.
STREET ADDRESS 1582 GULF BLVD
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

TITLE D ☐ Delete
NAME HOGAN, THOMAS S.
STREET ADDRESS P.O. BOX 485 N/A
CITY-ST-ZIP BROOKSVILLE FL 34605

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

TITLE D ☐ Delete
NAME HAA, ANDREA T
STREET ADDRESS 20 S BROAD ST
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE DS ☒ Change ☐ Addition
NAME HAA, ANDREA T
STREET ADDRESS 9128 MICHIGAN AVE
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE D ☐ Delete
NAME SANDERS, TRAVIS
STREET ADDRESS PO BOX 1212
CITY-ST-ZIP DESTIN FL 32540-1212

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME BOYD, JANIS
STREET ADDRESS 201 SO MAIN ST
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

JAMES W. BOOTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)