

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90211 044 ***150.00

DOCUMENT # V19807

1. Entity Name
TRI-FIVE PROPERTY MANAGEMENT CORPORATION



Principal Place of Business
**10649 MASTERS DRIVE
CLERMONT FL 34711
US**

Mailing Address
**ONE YORKDALE ROAD
SUITE 510
TORONTO, ONTARIO M6A- 3A1
CA**

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 **59-3110685**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PRATT, JAMES R ESQ.
GRAHAM, CLARK, JONES, BUILDER, PRATT & MARKS
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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. 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

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUBIN, LAWRENCE D	
STREET ADDRESS	ONE YORKDALE RD, STE 510	
CITY-ST-ZIP	TORONTO, ONTARIO CA M6A- 3A1	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	SILVER, SHOEL	
STREET ADDRESS	ONE YORKDALE RD STE 510	
CITY-ST-ZIP	TORONTO, ONTARIO CA M6A- 3A1	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, BERNARD	
STREET ADDRESS	ONE YORKDALE RD STE 510	
CITY-ST-ZIP	TORONTO, ONTARIO CA M6A- 3A1	
TITLE	T	<input type="checkbox"/> Delete
NAME	FISHER, MATTHEW	
STREET ADDRESS	ONE YORKDALE RD STE 510	
CITY-ST-ZIP	TORONTO, ONTARIO CA M6A- 3A1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APRIL 2003

416-785-6000

Date

Daytime Phone #

CR2E034 (10/02)