

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90001 013 ***150.00

DOCUMENT # V53647

1. Entity Name

TRI-COUNTY MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business

9301 SW 92nd. Ave.
Unit A
Miami, Fl. 33176
US

Mailing Address

9301 SW 92nd. Ave.
Unit A
Miami, F. 33176
US

2. Principal Place of Business

3930 RCA Blvd.

3. Mailing Address

3930 RCA Blvd.

Suite, Apt. #, etc.

Suite 3008

Suite, Apt. #, etc.

Suite 3008

City & State

Palm Beach Gardens, Fl.

City & State

Palm Beach Gardens, Fl.

Zip

33410

Country

US

Zip

33410

Country

US

4. FEI Number

65-0346240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Niles, D. Justin
9301 S. W. 92nd. Ave.
Unit A
Miami, Florida 33176

7. Name and Address of New Registered Agent

Name

Milton S. Jennings

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

3930 RCA Blvd.

Suite 3008

Palm Beach Gardens, FL

Zip Code

33410

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 Milton S. Jennings, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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

TITLE	DVS	<input type="checkbox"/> Delete
NAME	Eckroade, Carolyn E.	
STREET ADDRESS	9301 S. W. 92nd. Ave, Unit A	
CITY-ST-ZIP	Miami, Fl. 33176	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	Jennings, Milton S.	
STREET ADDRESS	9301 S. W. 92nd. Ave., Unit A	
CITY-ST-ZIP	Miami, Fl. 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3930 RCA Blvd., Suite 3008	
CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3930 RCA Blvd., Suite 3008	
CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Carolyn E. Eckroade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (561) 799-8002

Date

Daytime Phone #

CAROLYN E. ECKROADE, V.P.