

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58910

1. Entity Name

TRIAD HOLDINGS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90804 044 ***150.00

Principal Place of Business

621 SNIVELY AVE.
WINTER HAVEN FL 33880

Mailing Address

621 SNIVELY AVE.
WINTER HAVEN FL 33880-5544

2. Principal Place of Business

146 Ave B, NW

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1707

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

59-3144518

Applied For

Not Applicable

Zip

33881

Country

USA

Zip

33882

Country

USA

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

TATE, MARK T.
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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, 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	P	<input type="checkbox"/> Delete
NAME	LEVASSEUR, HOWARD J.	
STREET ADDRESS	621 SNIVELY AVE.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VARNADOE, GLENN	
STREET ADDRESS	621 SNIVELY AVE.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRADY, JOHN W.	
STREET ADDRESS	621 SNIVELY AVE.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIGGS, MARILYN C	
STREET ADDRESS	621 SNIVELY AVENUE	
CITY-ST-ZIP	WINTER HAVEN FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN C. RIGGS 4/27/00 863-295-5664

Date

Daytime Phone #

CR2E034 (9/99)