

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004722

1. Entity Name

THE TREIBER FAMILY FOUNDATION, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90214 018 \*\*\*\*\*61.25

Principal Place of Business

185 EDGEWATER WAY  
NAPLES FL 34105

Mailing Address

185 EDGEWATER WAY  
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

THIS IS A PRESENTLY UNFUNDED FAMILY FOUNDATION - EIN APPLIED FOR 4/17/01

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

SKRIVAN, KENT A  
C/O BUTZEL LONG  
801 LAUREL OAK DR, STE. 705  
NAPLES FL 34108

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME TREIBER, TERRY KUHN ☒ Delete  
STREET ADDRESS 5108 SALINAS CT  
CITY-ST-ZIP HOLLY SPRINGS NC 27540

TITLE P.D.  
NAME TERRY KUHN TREIBER ☒ Change ☐ Addition  
STREET ADDRESS 185 EDGEWATER WAY S  
CITY-ST-ZIP NAPLES FL 34105

TITLE VD  
NAME TREIBER, BERTHOLD C ☐ Delete  
STREET ADDRESS 31115 PICKWICK LN  
CITY-ST-ZIP BEVERLY HILLS MI 48205

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

TITLE SD  
NAME TREIBER, GRETCHEN E ☐ Delete  
STREET ADDRESS 1752 FRANKLIN ST  
CITY-ST-ZIP DENVER CO 80218

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

TITLE DT  
NAME TREIBER, TERRY W ☐ Delete  
STREET ADDRESS 5108 SALINAS CT  
CITY-ST-ZIP HOLLY SPRINGS FL 27540

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 617, 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)