

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004722**

1. Entity Name

THE TREIBER FAMILY FOUNDATION, INC.**FILED****Apr 01, 2002 8:00 am**
Secretary of State

04-01-2002 90156 024 ****61.25

0049024

Principal Place of Business

Mailing Address

185 EDMERE WAY
NAPLES FL 34105185 EDMERE WAY
NAPLES FL 34105

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

APPLIED FOR

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

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 \$61.259. 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 185 EDGEMERE WAY S
CITY-ST-ZIP NAPLES FL 34105TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD
NAME TREIBER, BERTHOLD C ☐ Delete
STREET ADDRESS 31115 PICKWICK LN
CITY-ST-ZIP BEVERLY HILLS MI 48205TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD
NAME TREIBER, GRETCHEN E ☐ Delete
STREET ADDRESS 1752 FRANKLIN ST
CITY-ST-ZIP DENVER CO 80218TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DT
NAME TREIBER, TERRY W ☐ Delete
STREET ADDRESS 5108 SALINAS CT
CITY-ST-ZIP HOLLY SPRINGS FL 27540TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 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: *S. Z...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02 (239) 649-5556

Date

Daytime Phone #

CR2E037 (9/01)