

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90081 038 ****61.25

0053907

DOCUMENT # NO1000000587

1. Entity Name

TRIAD/S.A.L.T. OF COLLIER COUNTY, INC.



Principal Place of Business

**3301 TAMiami TR E. BLDG J
NAPLES FL 34112**

Mailing Address

**5811 PELICAN BAY BLVD.
201
NAPLES FL 34108**

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 **62-1853141**

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

**AUSTIN, ARLENE P
5811 PELICAN BAY BLVD, STE 201
NAPLES FL 34108**

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

01/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **SPRINGER, RICHARD N**
STREET ADDRESS **4811 CRAYTON RD**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VD** ☒ Delete
NAME **PINEAU, KENNETH**
STREET ADDRESS **3301 EAST TAMiami TRAIL**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **SD** ☒ Delete
NAME **MOFFETT, SANDRA**
STREET ADDRESS **2067 RIVER REACH DR #2067**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **TD** ☒ Delete
NAME **POWERS, GAYLE**
STREET ADDRESS **374 DOVER PLACE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VICE PRESIDENT/DIRECTOR** ☒ Change ☐ Addition
NAME **GAIL SCHULTZ**
STREET ADDRESS **3301 TAMiami**
CITY-ST-ZIP

TITLE **SECRETARY/DIRECTOR** ☒ Change ☐ Addition
NAME **ODANA CBIIA**
STREET ADDRESS **3301 TAMiami TR E. BLDG J.**
CITY-ST-ZIP **NAPLES, FL 34112**

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

TITLE **TREASURER** ☒ Change ☒ Addition
NAME **MARK MATHOSIAN**
STREET ADDRESS **7009 Kiwi PLACE**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ 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:

SIGNATURE REQUIRED

4/27/03

239-417-9545

CR2037 (10/02)