

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

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90181 048 ****61.25

DOCUMENT # *N98000001769*

1. Entity Name

Triad / Seniors and Lawmen

DO NOT WRITE IN THIS SPACE

678553

2. Principal Place of Business

Manatee City Sheriff Crime Prevention

3. Mailing Address

Manatee City Sheriff Crime Prevention

Suite, Apt. #, etc.

525 7th Ave. W.

Suite, Apt. #, etc.

525 7th Ave. W.

City & State

Palmetto, FL

City & State

Palmetto, FL

Zip

34221

Country

Zip

34221

Country

4. FEI Number

65-0836081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Connie Gonzales*

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

5100 Cortez Rd. W.

City *Bradenton*

FL

Zip Code

34210

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

Connie J. Gonzales

Connie J. Gonzales

9/20/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
John Callaghan
6210 Manatee Ave. W.
Bradenton, FL 34209*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
Bob Bergner
6001 Courtside Dr. W.
Bradenton, FL 34210*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Secretary
Marcia Snyder
482 Oyster Dr.
Ellenton, FL 34222*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Treasurer
Connie Gonzales
5100 Cortez Rd. W.
Bradenton, FL 34210*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie J. Gonzales* *Connie J. Gonzales* *9/20/2002 (941) 794-6905*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)