

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90073 003 ***150.00

DOCUMENT # **P00000035085**

1. Entity Name

TRIAD INVESTORS, INC.

Principal Place of Business

20 N. ORANGE AVE. #1107
ORLANDO, FL 32801

Mailing Address

20 N. ORANGE AVE. #1107
ORLANDO, FL 32801

2. Principal Place of Business

300 SOUTH ORANGE AVENUE
 Suite, Apt. #, etc.
1000

3. Mailing Address

300 SOUTH ORANGE AVENUE
 Suite, Apt. #, etc.
1000

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

59-3638585

Applied For

Not Applicable

Zip

32801-3373

Country

USA

Zip

32801-3373

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAMES G. WILLARD, ESQUIRE
% SHUTTS & BOWEN LLP
20 N. ORANGE AVENUE #1107
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
JAMES G. WILLARD, ESQ. % SHUTTS & BOWEN LLP
 Street Address (P.O. Box Number is Not Acceptable)
300 SOUTH ORANGE AVENUE SUITE 1000
 City
ORLANDO FL Zip Code
32801-3373

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.

JAMES G. WILLARD, ESQUIRE

2-21-01

(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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/S/T	Paul F. Bryan	300 South Orange Avenue Suite 1000	Orlando, FL 32801-3373	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S	James G. Willard	300 South Orange Avenue Suite 1000	Orlando, FL 32801-3373	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S	Nancy A. Rossman	6355 Metro West Boulevard Suite 330	Orlando, FL 32825	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

PAUL F. BRYAN

2-20-01

Date

407-481-0506

Daytime Phone #

CR2E034 (1/100)