

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073810

1. Entity Name

TRIAD FUNDING GROUP, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90030 026 \*\*\*150.00

Principal Place of Business

519 NW 60TH ST.  
STE B  
GAINESVILLE FL 32607

Mailing Address

519 NW 60TH ST.  
STE B  
GAINESVILLE FL 32607

2. Principal Place of Business

155 SW 134 TERR

3. Mailing Address

14260 W. NEWBERRY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 330

City & State

NEWBERRY FL

City & State

NEWBERRY FL

Zip

32669

Country

ALACHUA

Zip

32669-2758

Country

ALACHUA

6. Name and Address of Current Registered Agent

KOEHLER, RICHARD JR  
519 NW 60TH ST.  
STE B  
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

RICHARD KOEHLER, JR

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

155 SW 134 TERR

City

NEWBERRY

FL

Zip Code

32669

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

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 P  
NAME KOEHLER, RICHARD J  
STREET ADDRESS 155 SW 134TH TERRACE  
CITY-ST-ZIP NEWBERRY FL 32669 ☐ Delete

TITLE V  
NAME WILLIS, MARC  
STREET ADDRESS 105 SW 134TH TERRACE  
CITY-ST-ZIP NEWBERRY FL 32669 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

4-26-01

Date

(352) 331-0430

Daytime Phone #

CR2E034 (10/00)