

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91296 045 \*\*\*150.00

0532629 AV

**DOCUMENT # P96000050499**

1. Entity Name  
**TRIANON HOTEL COMPANY**



Principal Place of Business  
**850 PARK SHORE DRIVE**  
**200**  
**NAPLES FL 34103**  
**US**

Mailing Address  
**850 PARK SHORE DRIVE**  
**200**  
**NAPLES FL 33940**  
**US**



2. Principal Place of Business

**745 12th Avenue South**

3. Mailing Address

**745 12th Avenue South**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

**Suite 100**

City & State

**Naples, FL**

City & State

**Naples, FL 34102**

Zip

**34102**

Country

**USA**

Zip

**34102**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0679450**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LONGE, THOMAS J**  
**850 PARK SHORE DRIVE**  
**NAPLES FL 33940**

7. Name and Address of New Registered Agent

Name

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

**745 12th Avenue South**

**Suite 100**

City

**Naples**

**FL**

Zip Code

**34102**

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

**4-25-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **LONGE, PATRICK J**  
STREET ADDRESS **850 PARK SHORE DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **745 12th Avenue South, #100**  
CITY-ST-ZIP **Naples, FL 34102**

TITLE **V** ☐ Delete  
NAME **LONGE, THOMAS J**  
STREET ADDRESS **850 PARK SHORE DR STE 200**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **745 12th Avenue South, #100**  
CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-03**

Date

**(239) 263-8916**

Daytime Phone #

CR2E034 (10/02)