

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90153 005 ***150.00

DOCUMENT # S13897

1. Entity Name

TREISER, KOBZA & LIEBERFARB, CHARTERED N/K/A

TREISER, LIEBERFARB, COLLINS & VERNON, Chartered

Principal Place of Business

**THE NORTHERN TRUST BLDG.
4001 TAMiami TRAIL N.. SUITE 330
NAPLES FL 33940
34103**

Mailing Address

**THE NORTHERN TRUST BLDG.
4001 TAMiami TRAIL N.. SUITE 330
NAPLES FL 33940
34103**

UUU14896



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4001 Tamiami Trail North

Suite, Apt. #, etc.

Suite 330

City & State

Naples, Florida

Zip

34103

Country

4. FEI Number **65-0233387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MR KIM PATRICK KOBZA
4001 NORTH TAMiami TRAIL
SUITE 330
NAPLES FL 33940**

Name **Thomas A. Collins, II.**

Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North

Suite 330

City **Naples**

FL

Zip Code
34103

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 *Thomas A. Collins, II*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-2-01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **TREISER, RICHARD M**
STREET ADDRESS **4001 N TAMiami TRL STE 330**
CITY-ST-ZIP **NAPLES FL**

TITLE **President/Director** ☒ Change ☐ Addition
NAME **Richard M. Treiser**
STREET ADDRESS **4001 N. Tamiami Trail, Suite 330**
CITY-ST-ZIP **Naples, Florida 34103**

TITLE **VPD** ☒ Delete
NAME **KOBZA, KIM P**
STREET ADDRESS **4001 N TAMiami TRL STE 330**
CITY-ST-ZIP **NAPLES FL**

TITLE **Vice-President/Director** ☐ Change ☒ Addition
NAME **Stanley J. Lieberfarb**
STREET ADDRESS **4001 N. Tamiami Trail, Suite 330**
CITY-ST-ZIP **Naples, Florida 34103**

TITLE **STD** ☒ Delete
NAME **LIEBERFARB, STANLEY J**
STREET ADDRESS **4001 N TAMiami TRL STE 330**
CITY-ST-ZIP **NAPLES FL**

TITLE **Secretary/Director** ☐ Change ☒ Addition
NAME **Thomas A. Collins, II**
STREET ADDRESS **4001 N. Tamiami Trail, Suite 330**
CITY-ST-ZIP **Naples, Florida 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer/Director** ☐ Change ☒ Addition
NAME **Christopher T. Vernon**
STREET ADDRESS **4001 N. Tamiami Trail, Suite 330**
CITY-ST-ZIP **Naples, Florida 34103**

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

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

Stanley Lieberfarb VP

2/1/01

(941) 649-4900

Date

Daytime Phone #

CR2E034 (10/00)