

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90157 004 \*\*\*\*61.25

**DOCUMENT # 732724**

1. Entity Name

**COVERED BRIDGE ASSOCIATION, INC.**

Principal Place of Business

101 PARKVIEW CIRCLE S.  
LAKE PLACID FL 33852

Mailing Address

101 PARKVIEW CIRCLE S.  
LAKE PLACID FL 33852

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1795279**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SCHMELTZ, CAROL JOAN~~  
129 PACE VIEW CR. N  
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **Richard Vandello**  
Street Address (P.O. Box Number is Not Acceptable)  
**101 Oak Grove Street**  
City **Lake Placid** **FL** Zip Code **33852**

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 RICHARD VANDELLO, PRES. *Richard P. Vandello* 25-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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	PD VANDELLO, RICHARD 101 OAK GROVE ST LAKE PLACID FL 33852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, JOHN L 34 EDGEWATER DR LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TROBAUGH, MARJORIE 12 EDGEWATER DR. S. LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMELTZ, CAROL JOAN 129 PARK VIEW CR. N LAKE PLACID FL 33852	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gerald Moriarity 31 Edgewater Drive W. Lake Placid FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Barbara Partisky 106 Parkview Circle S. Lake Placid, Fl. 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Betty Billau 38 VENETIAN PKWY. Lake Placid, Fl. 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard P. Vandello (Pres)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 868-699-0626  
Date Daytime Phone #

CR2E037 (10/00)