

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90050 024 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1795279

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VANDELLO, RICHARD
 101 OAK GROVE STREET
 LAKE PLACID FL 33852**

Name

YOUNG, ROBERT H.

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

37 Edgewater Dr., W.

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

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

ROBERT H. YOUNG

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **VANDELLO, RICHARD**
 STREET ADDRESS **101 OAK GROVE ST**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **PD** ☒ Change ☐ Addition
 NAME **YOUNG, ROBERT H.**
 STREET ADDRESS **37 EDGEWATER DRIVE, W.** **FL. 33852**
 CITY-ST-ZIP **LAKE PLACID**

TITLE **VD** ☒ Delete
 NAME **MORIARTY, GERALD**
 STREET ADDRESS **31 EDGEWATER DRIVE WEST**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **VD** ☒ Change ☐ Addition
 NAME **BARTON, ROBERT**
 STREET ADDRESS **102 JASMINE ST.**
 CITY-ST-ZIP **LAKE PLACID, FL. 33852**

TITLE **SD** ☐ Delete
 NAME **PARTISKY, BARBARA**
 STREET ADDRESS **106 PARKVIEW CIRCLE S.**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

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

TITLE **TD** ☐ Delete
 NAME **BILLAU, BETTY**
 STREET ADDRESS **38 VENETIAN PKWY**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT H. YOUNG **2/4/02** **699-2348**

CR2E037 (9/01)