

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006334

1. Entity Name

ASSOCIATION PLAN ADMINISTRATORS, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90128 018 ***150.00

Principal Place of Business

Mailing Address

9 MARKET ST
AMSTERDAM NY 13057
US

9 MARKET ST
AMSTERDAM NY 12010-4439
US

2. Principal Place of Business

8 British American Blvd
Suite, Apt. #, etc.

3. Mailing Address

8 British American Blvd
Suite, Apt. #, etc.
P.O. Box 1506

City & State
Latham, New York

City & State
Latham, New York

Zip
12110

Country
USA

Zip
12110-8006

Country
USA

4. FEI Number 16-1400976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CD MENIKHEIM, ROBERT W 8491 CAZENOVIA RD MANLIUS NY 13104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENIKHEIM, JOYCE E 8491 CAZENOVIA RD MANLIUS NY 13104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHURCHILL, GAYLE A 282 CHAPMAN DR AMSTERDAM NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PEDINOTTI, GERALD A 778 DOWNING ST SCHENECTADY NY 12309	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Gerald J. Cassidy 25 Stonewall Lane Delmar, New York 12054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Daniel F. Canniff 10 Fiore Circle Latham, New York 12110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gerald A. Pedinotti 778 Downing Street Scheneectady, New York 12309	<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

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

GERALD A. PEDINOTTI

Date

1-29-00 518-7862870

Daytime Phone #

CR2E034 (9/99)