

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90116 035 \*\*\*\*61.25

**DOCUMENT # F98000005637**

1. Entity Name

**AMERICAN BRIDGE TEACHERS' ASSOCIATION INC.**

Principal Place of Business

Mailing Address

14840 CRYSTAL COVE CT #503  
 FT MYERS FL 33919-7417

14840 CRYSTAL COVE CT #503  
 FT MYERS FL 33919-7417

00012866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7270878

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

HARRINGTON, PAT  
 14840 CRYSTAL COVE CT #503  
 FT MYERS FL 33919-7417

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

**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  Delete  
 NAME P SPIEGEL, GEORGE  
 STREET ADDRESS 3400 S. OCEAN BLVD #2011  
 CITY-ST-ZIP PALM BEACH FL 33480-5612

TITLE  Change  Addition  
 NAME P Ted Applegate  
 STREET ADDRESS 309 W 21ST STREET  
 CITY-ST-ZIP HAYS, KS 67601-3003

TITLE  Delete  
 NAME V GENTINO, EDWARD  
 STREET ADDRESS 14 COTTWELL DR  
 CITY-ST-ZIP WETHERS FIELD CT 06109-3009

TITLE  Change  Addition  
 NAME V Mary Jane Von Moss  
 STREET ADDRESS 8100 EXODUS DR -  
 CITY-ST-ZIP GAITHERS BURG, MD 20882-1112

TITLE  Delete  
 NAME ST HARRINGTON, PAT  
 STREET ADDRESS 14840 CRYSTAL COVE CT #503  
 CITY-ST-ZIP FT MYERS FL 33919-7417

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

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: Pat Harrington  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00  
 Date

941-437-4106  
 Daytime Phone #

CR2E037 (9/99)