

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90052 030 ****61.25

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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

80012071



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
P APPLGATE, TED
309 W 21ST ST
HAYS KS 67601-3003

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
VON MOSS, MARY JANE
8100 EXODUS DR
GAITHERSBURG, MD 20882-1112

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP
V VON MOSS, MARY JANE
8100 EXODUS DR
GAITHERSBURG MD 20882-1112

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP
LYNN BERG
2550 DE LEON DR
DELAND, FL 32724-4280

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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

1/13/02
 Date

941-437-4106
 Daytime Phone #

CR2E037 (9/01)