

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-25-2002 90072 011 ****61.25

DOCUMENT # N00000002478

1. Entity Name

VARELA STREET ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1212 1/2 VARELA ST
KEY WEST FL 330401212 1/2 VARELA ST
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0998478

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

AGOVINO, B J
1212 1/2 VARELA ST
KEY WEST FL 33040

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 \$81.259. 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	EOCH	<input type="checkbox"/> Delete
NAME	AGOVINO, B J	
STREET ADDRESS	1212 1/2 VARELA ST	
CITY-STATE-ZIP	KEY WEST FL 33040	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	SEER	<input type="checkbox"/> Delete
NAME	BEDELL, GEORGE T	
STREET ADDRESS	PO BOX 2202	
CITY-STATE-ZIP	BURLINGTON VT 05407	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	SEER	<input type="checkbox"/> Delete
NAME	CLARK, DOUG T	
STREET ADDRESS	PO BOX 2202	
CITY-STATE-ZIP	BURLINGTON VT 05407	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	W	<input type="checkbox"/> Delete
NAME	FIERS, BOB	
STREET ADDRESS	PO BOX 16391	
CITY-STATE-ZIP	PITTSBURG PA 15242	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	W	<input type="checkbox"/> Delete
NAME	SIMMONS, DOUG T	
STREET ADDRESS	PO BOX 16391	
CITY-STATE-ZIP	PITTSBURG PA 15242	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	RA	<input type="checkbox"/> Delete
NAME	MCAHON, FRANKY	
STREET ADDRESS	1212 VARELA ST	
CITY-STATE-ZIP	KEY WEST FL 33040	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

S. Agovino REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)