

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15736

1. Entity Name

TRI-COUNTY BONDING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3910 S JOHN YOUNG PKWY
ORLANDO FL 32839
US

3910 S JOHN YOUNG PKWY
ORLANDO FL 32839-8653
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-3783790

Applied For

Not Applicable

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

MONCRIEF, BRUCE
3910 S JOHN YOUNG PKWY
ORLANDO FL 32839

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 PD ☐ Delete
NAME MONCRIEF, BRUCE
STREET ADDRESS 3910 S JOHN YOUNG PKWY
CITY-ST-ZIP ORLANDO FL 32839

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

TITLE VPD ☒ Delete
NAME GANO, SAM
STREET ADDRESS 1436 W PINE HILLS RD
CITY-ST-ZIP ORLANDO FL

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

TITLE S ☒ Delete
NAME CASTRELL, DESSIE
STREET ADDRESS 901 MACK AVE
CITY-ST-ZIP ORLANDO FL

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

TITLE DT ☐ Delete
NAME ENGEL, SUSANN
STREET ADDRESS 3708 S JOHN YOUNG PKWY
CITY-ST-ZIP ORLANDO FL 32839

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

TITLE S ☐ Delete
NAME CANDELARIA, Rogelio
STREET ADDRESS 1300 S. SEMARON Blvd
CITY-ST-ZIP Orlando FL 32807

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

TITLE V P ☐ Delete
NAME MACHULES, JOE
STREET ADDRESS 3800 S. John Young PKWY
CITY-ST-ZIP ORLANDO, FL 32839

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/26/2000 X 407 423 2000
Date Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90206 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)