

5/1/01-90031-046-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15736

1. Entity Name

TRI-COUNTY BONDING ASSOCIATION, INC.

Principal Place of Business

3910 S JOHN YOUNG PKWY
ORLANDO FL 32839
US

Mailing Address

3910 S JOHN YOUNG PKWY
ORLANDO FL 32839
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

MONCRIEF, BRUCE
3910 S JOHN YOUNG PKWY
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name JOHN VON ACHEN

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

70 BARON BAIL BONDS 3708 S. JOHN YOUNG PKWY

City ORLANDO

FL

Zip Code 32839

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)

8/30/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

☐ Delete

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

☐ Delete

TITLE VPD
NAME GANO, SAM
STREET ADDRESS 1438 W PINE HILLS RD
CITY-ST-ZIP ORLANDO FL

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE S
NAME CANDELARIA, ROGELIO
STREET ADDRESS 1300 S SEMORON BLVD
CITY-ST-ZIP ORLANDO FL 32807

☐ Delete

TITLE VP
NAME MACHULES, JOE
STREET ADDRESS 3800 S JOHN YOUNG PKWY
CITY-ST-ZIP ORLANDO FL 32839

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/01

407

423 2000

CR2E037 (5/01)

000432

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 AM 10:27

12 N10



DO NOT WRITE IN THIS SPACE