

2002 UNIFORM BUSINESS REPORT

NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90326 015 ****61.25

DOCUMENT # *N15734* ✓
 1. Entity Name
TRI - COUNTY BONDING ASSOC INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3708 S JOHN Young Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 953144
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL
 Zip
32839 Country
USA

City & State
LAKE MARY FL
 Zip
32795 Country

4. FEI Number
263783790

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *JOHN VON ACHEN*
 Street Address (P.O. Box Number is Not Acceptable)
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)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRES</i> <i>JOHN VON ACHEN</i> <i>3708 S JOHN Young PKWY</i> <i>ORLANDO FL 32839</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VP</i> <i>MARK GOODMAN</i> <i>3708 S JOHN Young PKWY</i> <i>ORLANDO FL 32839</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY</i> <i>MARK JOHNSON</i> <i>3708 S JOHN Young PKWY</i> <i>ORLANDO FL</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TREASURER</i> <i>SUSANN ENGEL</i> <i>3708 S JOHN Young PKWY</i> <i>ORLANDO FL</i>
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)