

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004809

1. Entity Name

CALADIUM FESTIVAL ASSOCIATION, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90317 021 ****61.25

0067145

Principal Place of Business

24 INTERLAKE BLVD.
LAKE PLACID FL 33852

Mailing Address

P.O. BOX 2203
LAKE PLACID FL 33862

724906



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

65-0672589

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

ROBINSON, SUELLEN
24 INTERLAKE BLVD.
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

BOND, GINNY

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

198 OLD SR 8

VENUS, FL. 33960

City

FL

Zip Code

33960

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

Ginny Bond

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-01

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

TITLE TD ☐ Delete
NAME HERNANDEZ, HECTOR
STREET ADDRESS 216 N MAIN ST
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VD ☐ Delete
NAME BATES, DOROTHY R
STREET ADDRESS C/O 24 INTERLAKE BLVD.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE SD ☐ Delete
NAME ROBINSON, SUEELLEN
STREET ADDRESS C/O 24 INTERLAKE BLVD.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE P ☐ Delete
NAME PHYPPERS, CAROLYN
STREET ADDRESS 1812 LAKE CLAY DR
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition
NAME BOND, GINNY
STREET ADDRESS 198 OLD SR 8
CITY-ST-ZIP VENUS, FL. 33960

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

TITLE SD ☒ Change ☐ Addition
NAME BATES, TERRI
STREET ADDRESS 509 BEAR RD
CITY-ST-ZIP LAKE PLACID, FL. 33852

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

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

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:

Carolyn Phippers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 863-465-2363
Date Daytime Phone #

CR2E037 (10/00)