

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90080 050 ****61.25

DOCUMENT # N94000004809

1. Entity Name

CALADIUM FESTIVAL ASSOCIATION, INC.

Principal Place of Business

**24 INTERLAKE BLVD.
LAKE PLACID FL 33852**

Mailing Address

**P.O. BOX 2203
LAKE PLACID FL 33862**

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

65-0672589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOND, GINNY
198 OLD SR 8
VENUS FL 33960**

7. Name and Address of New Registered Agent

Name

LYNN HENDRY

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

/ 1370 CR 29

City

LAKE PLACID,

FL

Zip Code

33852

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

Lynn Hendry

J. Hendry

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

TITLE **TD** ☐ Delete
NAME **BOND, GINNY**
STREET ADDRESS **198 OLD SR 8**
CITY-ST-ZIP **VENUS FL 33960**

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 **BATES, TERRI**
STREET ADDRESS **509 BEAR RD**
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 ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **Lynn Hendry**
STREET ADDRESS **1370 C.R. 29**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

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

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

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

3-29-02 863-465-2313

Date

Daytime Phone #

CR2E037 (9/01)