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Jun 17 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002571 (5)

1. Corporation Name

UNITED STATES TANDEM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1645 NO. LEXINGTON AVENUE
DELAND FL 32724

C/O R.L. FELMAN
300 SEVILLA AVE., SUITE 305
CORAL GABLES FL 33134



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified

05/08/1996

4. FEI Number

APPLIED FOR 59-1648274

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FELDMAN, ROBERT L
300 SEVILLA AVENUE
STE 305
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BOOTH, WILLIAM
STREET ADDRESS 1645 NO LEXINGTON AVENUE
CITY-ST-ZIP DELAND FL 32724

1.1 TITLE ☐ Change ☐ Addition

TITLE VSTD ☐ DELETE

NAME DONLE, THOMAS K
STREET ADDRESS 1845 N. LEXINGTON AVE.
CITY-ST-ZIP DELAND FL 32724

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME OVERBY, CHARLES R
STREET ADDRESS 1845 N. LEXINGTON AVE.
CITY-ST-ZIP DELAND FL 32724

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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STREET ADDRESS

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2.2 NAME ☐ Change ☐ Addition

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2.3 STREET ADDRESS ☐ Change ☐ Addition

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2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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