

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90149 002 \*\*\*\*70.00

**DOCUMENT # 837474**

Entity Name

**SOCIETY OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**WOODMONT AVE.  
 300  
 MD 20814**

**7910 WOODMONT AVE.  
 SUITE 300  
 BETHESDA MD 20814-3065**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number

**52-1020149**

Applied For

Not Applicable

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACQUELYN  
 FINN HILL DRIVE  
 FL 33482**

Name **Ven Sequenzia Sequenzia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19732 NE 12th Place**

City **North Miami Beach** **FL** Zip Code **33179-3562**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-2-00**

**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**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p><input type="checkbox"/> Delete</p> <p><b>D</b>  <b>GERHARDT, PETER</b>  <b>1914 FINN HILL DRIVE</b>  <b>LANTANA FL 33482</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>P</b>  <b>HORNE, AUDREY</b>  <b>213 NASSAU STREET</b>  <b>PRINCETON NJ 08540</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>D</b>  <b>HORNE, AUDREY</b>  <b>110 BRYANT STREET P.O. BOX 6</b>  <b>ST. GEORGE SC 29477</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>VPD</b>  <b>SACK, JAMES</b>  <b>8300 GREENSBORO DRIVE #1080</b>  <b>MC LEAN VA 22102</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>VPD</b>  <b>STRUTHERS, ANNE</b>  <b>130 S AVE</b>  <b>ALAMO CA 94507</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p><b>T</b>  <b>ROTH, ELIZABETH</b>  <b>4125 QUENN MARY DRIVE</b>  <b>OLNEY MD 20832</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE                  NAME                  STREET ADDRESS                  CITY-ST-ZIP</p>

*See attached  
 Sheet*

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

SIGNATURE:

**JOAN T. REO, Ph.D.**

Date

Daytime Phone #

**1/20/00 (301) 657-0881**

CR2E037 (9/99)