

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90031 007 \*\*\*150.00

**DOCUMENT # G18357**

1. Entity Name  
**FINANCIAL ASSOCIATES, INC.**

Principal Place of Business <b>6170 EDGEWATER DR ORLANDO FL 32810</b>	Mailing Address <b>6170 EDGEWATER DR ORLANDO FL 32810</b>
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00033243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2561158</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>HIGHSMITH, RICHARD M</b> <b>3022 TROY DRIVE</b> <b>ORLANDO FL 32806</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		<b>FL</b>	Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PT</b>	<input type="checkbox"/> Delete <b>HIGHSMITH, RICHARD M</b> <b>3022 TROY DR</b> <b>ORLANDO FL 32806</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VS</b>	<input type="checkbox"/> Delete <b>HIGHSMITH, MARILYN L</b> <b>4509 CONWAY GARDENS RD</b> <b>ORLANDO FL 32806</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>BASS, SCOTT A</b> <b>2418 AULD SCOT BLVD</b> <b>OCOOE FL 34761</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>V</b>	<input type="checkbox"/> Delete <b>GLOTFELTY, RUSSELL A</b> <b>715 BRIERCLIFF DR</b> <b>ORLANDO FL 32806</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Glotfelty, Russell A.</b> <b>830 Wilkinson St.</b> <b>ORLANDO, FL 32803</b>
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M. Highsmith Date: 4-2-01 Daytime Phone #: 407/523-6700

CR2E034 (10/00)