

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90085 044 ****61.25

DOCUMENT # N28027

1. Entity Name

UNITED AMPUTEE SERVICES ASSOCIATION, INC.

Principal Place of Business

2431 ALOMA AVENUE
 SUITE 160
 WINTER PARK FL 32793
 US

Mailing Address

P.O. BOX 4277
 WINTER PARK FL 32793-4277

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

65-0082745

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORBITT, BEVERLY A
 1737 BALTIMORE DRIVE
 ORLANDO FL 32810

Name

Jim Moore

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

8426 Island Palm Circle

City

Orlando

FL

Zip Code

32835

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CORBITT, BEVERLY A	
STREET ADDRESS	1737 BALTIMORE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SUTTON, JOSHUA	
STREET ADDRESS	729 IBSEN AVENUE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	O' BARR, GAYLE	
STREET ADDRESS	520 EAST CAMPUS CIRCLE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOTTA, GUS	
STREET ADDRESS	1861 N.E. 65TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MOORE	
STREET ADDRESS	8426 Island Palm Circle	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	← same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLENE SUTTON	
STREET ADDRESS	729 Ibsen Avenue	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Preilla Green	
STREET ADDRESS	1941 Legion DR	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/00

Date

407-678-2920

Daytime Phone #