

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90959 006 \*\*\*\*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  
**557 Lagoon Dr**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State

4. FEI Number **65-0082745**

Applied For  
Not Applicable

Zip  
**32765**

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MOORE, JIM  
8426 ISLAND PALM CIRCLE  
ORLANDO FL 32835**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jim Moore* **Jim Moore**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-22-03**

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUTTON, TYLENE</b> <b>729 IBSEN AVE</b> <b>ORLANDO FL 32809</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUTTON, JOSHUA</b> <b>729 IBSEN AVENUE</b> <b>ORLANDO FL 32809</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, JIM</b> <b>8426 ISLAND PALM CIR</b> <b>ORLANDO FL 32835</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MILLER, RANDY</b> <b>4923 SOUTHFORK RANCH DR</b> <b>ORLANDO FL 32812</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAN Patterson</b> <b>379 W. Michigan ST Ste 200</b> <b>Orlando, FL, 32806</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>John Class</b> <b>12956 Nebraska Woods CT.</b> <b>Orlando, FL 32824</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Theresa Nashtime</b> <b>Lucern Rehab</b> <b>818 S. Main Ln. Orlando FL 32802</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jim Moore* **REQUIRED Jim Moore President 4-22-03 407-359-5500**

CR2E037 (10/02)