

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90014 015 ****61.25

DOCUMENT # N98000001436

1. Entity Name

UNITED SERVANTS ABROAD, INC.

Principal Place of Business

Mailing Address

**505 S FLAGLER DRIVE
 SUITE 1100
 WEST PALM BEACH FL 33401**

**P.O. BOX 3475
 WEST PALM BEACH FL 33402-3475**

610780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821937

Applied For

Not Applicable

Zip

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

**HENRY, THORNTON M
 505 S FLAGLER DRIVE
 SUITE 1100
 WEST PALM BEACH FL 33401**

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.

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 Delete
 NAME: **ELMORE, DONALD E**
 STREET ADDRESS: **14530 ROLLING ROCK PL**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: DM Change
 NAME: **Elmore, Donald E.**
 STREET ADDRESS: **14530 Rolling Rock Pl**
 CITY-ST-ZIP: **Wellington, FL 33414**

TITLE: TD Delete
 NAME: **ELMORE, KATHRYN S**
 STREET ADDRESS: **14530 ROLLING ROCK PL**
 CITY-ST-ZIP: **WELLINGTON FL 33414**

TITLE: D Change
 NAME: **Stapp, Melanie**
 STREET ADDRESS: **3060 Bristol Rd Apt. 296**
 CITY-ST-ZIP: **Bensalem, PA 19020**

TITLE: SD Delete
 NAME: **STAPP, MELANIE L**
 STREET ADDRESS: **303 JAMESTOWN RD**
 CITY-ST-ZIP: **WINTER PARK FL 32792**

TITLE: PD Change
 NAME: **Brockway, G. Robert**
 STREET ADDRESS: **5217 Misty Morn Road**
 CITY-ST-ZIP: **Palm Beach Gardens, FL 33418**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD Change
 NAME: **Kerr, Bernie**
 STREET ADDRESS: **12451 Grumman Way**
 CITY-ST-ZIP: **Port St. Lucie, FL 34987**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Change
 NAME: **Hough, Beatrice**
 STREET ADDRESS: **1957 Fittin Court**
 CITY-ST-ZIP: **Lake Worth, FL 33463**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D Change
 NAME: **Richardson, David**
 STREET ADDRESS: **2139 University Drive, Suite 31**
 CITY-ST-ZIP: **Coral Springs, FL 33071**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald E. Elmore* **SIGNATURE REQUIRED**

Jan 31, 2000 561-795-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #