

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90008 016 \*\*\*158.75

**DOCUMENT # 401920**

1. Entity Name  
**O.R. COLAN ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1500 CORDOVA RD. STE 210  
 FT. LAUDERDALE FL 33316-2113**

Mailing Address  
**1500 CORDOVA RD. STE 210  
 FT. LAUDERDALE FL 33316-2148**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-1397236**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COLAN MUTH, CATHERINE  
 4201 N OCEAN DR UNIT 206  
 HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> Delete
NAME	COLAN MUTH, CATHERINE	
STREET ADDRESS	4201 NORTH OCEAN DR, APT 206	
CITY-ST-ZIP	HOLLYWOOD FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRANCES K. LAMONICA	
STREET ADDRESS	1140 N.E. 204TH STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	BASILA, RICHARD M	
STREET ADDRESS	527 S.W. 27TH RD.	
CITY-ST-ZIP	MIAMI FL 3312-9	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MERRYMAN, ROBERT N	
STREET ADDRESS	31 TOPPING LANE	
CITY-ST-ZIP	ST. LOUIS MO 63131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AMMAR, KAREN	
STREET ADDRESS	4201 N. OCEAN DR., APT. 206	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ALLEN A	
STREET ADDRESS	RT. 1, BOX 342A	
CITY-ST-ZIP	GOODE VA 24556	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 Cordova Road, Suite 210	
STREET ADDRESS	Fort Lauderdale, Florida 33316	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Merryman, Robert N	
CITY-ST-ZIP	31 Topping Lane St. Louis, MO 63131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Catherine Colan Muth, Pres **4-26-00** **304 327-6968**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**CATHERINE COLAN MUTH**

CR2E034 (9/99)