

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90263 035 \*\*\*550.00

DOCUMENT # 688282

1. Entity Name

Cash & Associates, Inc.

00063965

Principal Place of Business

11 S. Bumby Ave.  
 Suite 150  
 Orlando, FL 32803

Mailing Address

c/o NFP  
 500 W. Madison, Suite 3650  
 Chicago, IL 60661

2. Principal Place of Business

11 South Bumby Ave.  
 Suite # 150  
 Orlando, FL

3. Mailing Address

c/o NFP 500 W. Madison  
 Suite # 3650  
 Chicago, IL

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2023430

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

Corporation Service Company  
 1201 Nays Street  
 Tallahassee, FL 32301

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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, 2001: 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President / Treasurer
STREET ADDRESS	John T. Cash Jr.
CITY - ST - ZIP	11 South Bumby Ave., # 150 Orlando, FL 32803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President / Secretary
STREET ADDRESS	John T. Cash III
CITY - ST - ZIP	11 S. Bumby Ave., S #150 Orlando, FL 32803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Lori H. Lieser
CITY - ST - ZIP	500 W. Madison, Suite 3650 Chicago, IL 60661
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	John T. Cash Jr.
CITY - ST - ZIP	Same as above
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	John T. Cash III
CITY - ST - ZIP	Same as above
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Ross M. Campbell
CITY - ST - ZIP	500 W. Madison, Suite 3650 Chicago, IL 60661

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:

Lori H. Lieser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/01

Date

(312) 985-5100

Daytime Phone #

CR2E034 (11/00)