

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90038 050 ***150.00

DOCUMENT # 822549

1. Entity Name

UNITED SILVER SPRING ASSOCIATES INC

Principal Place of Business

**600 COURTLAND ST.
 SUITE 400
 ORLANDO FL 32804-1352
 US**

Mailing Address

**PO BOX 4955
 ORLANDO FL 32802-4955**

2. Principal Place of Business

600 Courtland Street

Suite, Apt. #, etc.
Suite 400

3. Mailing Address

600 Courtland Street

Suite, Apt. #, etc.
Suite 400

City & State

Orlando, FL 32804

Zip

32804

Country

USA

Zip

32804

Country

USA

4. FEI Number

52-0819522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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

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 **DVS** ☐ Delete
 NAME **KUSEV, J. PETER**
 STREET ADDRESS **2610 WYCLIFF RD**
 CITY-ST-ZIP **RALEIGH NC 27607**

TITLE **V** ☐ Delete
 NAME **COCHRANE, CARL L**
 STREET ADDRESS **2610 WYCLIFF RD.**
 CITY-ST-ZIP **RALEIGH NC 27607**

TITLE **AS** ☒ Delete
 NAME **BUTLER, PATRICIA B**
 STREET ADDRESS **2610 WYCLIFF RD.**
 CITY-ST-ZIP **RALEIGH NC 27607**

TITLE **DSVT** ☒ Delete
 NAME **FRYE, MARTHA L**
 STREET ADDRESS **2610 WYCLIFF ROAD**
 CITY-ST-ZIP **RALEIGH NC**

TITLE **PD** ☒ Delete
 NAME **EMONDSON, J P**
 STREET ADDRESS **2610 WYCLIFF ROAD**
 CITY-ST-ZIP **RALEIGH NC**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **600 Courtland Street**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **600 Courtland Street**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☒ Addition
 NAME **Liebman, Janice B**
 STREET ADDRESS **600 Courtland Street**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☒ Addition
 NAME **Gray, Donald M.**
 STREET ADDRESS **600 Courtland Street**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☒ Addition
 NAME **Wehner, William E.**
 STREET ADDRESS **600 Courtland Street**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☐ 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:

Janice Liebman Janice Liebman, Asst. Secretary

3/12/01 407-628-1774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x8684

CR2E034 (10/00)

0062087