

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State
 02-03-2001 90058 006 ***150.00

DOCUMENT # 828680

1. Entity Name

VOA ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

200 S. ORANGE AVE
 SUITE 1300
 ORLANDO FL 32801
 US

200 S. ORANGE AVE
 SUITE 1300
 ORLANDO FL 32801
 US

Change of Address

2. Principal Place of Business

3. Mailing Address

1030 N. Orange Ave

1030 N. Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Orlando FL

Orlando FL

Zip

Zip

32801

32801

Country

Country

Orange

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACK, CALVIN
 200 SOUTH ORANGE AVE STE 1300
 ORLANDO FL 32801

Name *Peck, Calvin*

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

1030 N. Orange Ave., #200

City *Orlando*

FL

Zip Code *32801*

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]

CALVIN H. PECK

1.11.01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VICKREY, WILMONT 224 S. MICHIGAN AVE., #1400 CHICAGO IL 60604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOOLIS, M.A. 224 S. MICHIGAN AVE., #1400 CHICAGO IL 60604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERY, THEODORE 200 S. ORANGE AVE., #1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADFORD, WILLIAM S. 224 S. MICHIGAN AVE., #1400 CHICAGO IL 60604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PECK, CALVIN H 200 S. ORANGE AVE., #1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, PERCY E 224 S. MICHIGAN AVE. #1400 CHICAGO IL 60604	<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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Orlando FL 32801

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Orlando FL 32801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN H. PECK

1.11.01

Date

Daytime Phone #

401.425.2500

CR2E034 (10/00)