

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90788 043 ***150.00

003645 AV

DOCUMENT # 828680

1. Entity Name
VOA ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

1030 N ORANGE AVE
 STE 200
 ORLANDO FL 32801
 US

1030 N ORANGE AVE
 STE 200
 ORLANDO FL 32801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-2674078

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PECK, CALVIN
 1030 N ORANGE AVE 200
 ORLANDO FL 32801

Name Jonathan Douglas
 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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME CD
 STREET ADDRESS VICKREY, WILMONT
 CITY-ST-ZIP 224 S. MICHIGAN AVE., #1400
 CHICAGO IL 60604 ☐ Delete

TITLE
 NAME PTD
 STREET ADDRESS TOOLIS, M.A.
 CITY-ST-ZIP 224 S. MICHIGAN AVE., #1400
 CHICAGO IL 60604 ☐ Delete

TITLE
 NAME VD
 STREET ADDRESS FERY, THEODORE
 CITY-ST-ZIP 1030 N ORANGE AVE #200
 ORLANDO FL 32801 ☐ Delete

TITLE
 NAME S
 STREET ADDRESS BRADFORD, WILLIAM S.
 CITY-ST-ZIP 224 S. MICHIGAN AVE., #1400
 CHICAGO IL 60604 ☐ Delete

TITLE
 NAME VD
 STREET ADDRESS PECK, CALVIN H
 CITY-ST-ZIP 1030 N ORANGE AVE #200
 ORLANDO FL 32801 ☒ Delete

TITLE
 NAME P
 STREET ADDRESS ROBERTS, PERCY E
 CITY-ST-ZIP 224 S. MICHIGAN AVE. #1400
 CHICAGO IL 60604 ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP
M Jonathan Douglas
1030 N. Orange Ave #200
Orlando FL 32801

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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02
 Date

Daytime Phone #

CR2E034 (9/01)