

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90054 046 ***150.00

DOCUMENT # 828680

1. Entity Name
VOA ASSOCIATES INCORPORATED



Principal Place of Business
**1030 N ORANGE AVE
STE 200
ORLANDO FL 32801
US**

Mailing Address
**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

4. FEI Number **36-2674078**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DOUGLAS, JONATHAN
1030 N ORANGE AVE 200
ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	VICKREY, WILMONT	
STREET ADDRESS	224 S. MICHIGAN AVE., #1400	
CITY-ST-ZIP	CHICAGO IL 60604	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	TOOLIS, M.A.	
STREET ADDRESS	224 S. MICHIGAN AVE., #1400	
CITY-ST-ZIP	CHICAGO IL 60604	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERY, THEODORE	
STREET ADDRESS	1030 N ORANGE AVE #200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADFORD, WILLIAM S.	
STREET ADDRESS	224 S. MICHIGAN AVE., #1400	
CITY-ST-ZIP	CHICAGO IL 60604	
TITLE	M	<input type="checkbox"/> Delete
NAME	DOUGLAS, JONATHAN	
STREET ADDRESS	1030 N ORANGE AVE #200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, PERCY E	
STREET ADDRESS	224 S. MICHIGAN AVE. #1400	
CITY-ST-ZIP	CHICAGO IL 60604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/9/03 407-426-2500

CR2E034 (10/02)