

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90173 009 ***150.00

0506235 AV

DOCUMENT # F00000002459

1. Entity Name
UAFC-2 CORPORATION

Principal Place of Business Mailing Address
9240 BONITA BEACH ROAD, SUITE 1109-E **9240 BONITA BEACH ROAD, SUITE 1109-E**
BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34135**



DO NOT WRITE IN THIS SPACE

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 31-1703834	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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) <input type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PTAS <input type="checkbox"/> Delete
NAME	GRAZIANI, LEEANNE W
STREET ADDRESS	9240 BONITA BEACH ROAD, SUITE 1109-E
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	VSAT <input type="checkbox"/> Delete
NAME	HUERTA, DAWN M
STREET ADDRESS	9240 BONITA BEACH ROAD, SUITE 1109-E
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	VON DEYLEN, JERRY D
STREET ADDRESS	45 N PENNSYLVANIA STREET
CITY-ST-ZIP	INDIANAPOLIS IN 46204
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STAINBROOK, JOHN M
STREET ADDRESS	250 N. SHADELAND AVENUE
CITY-ST-ZIP	INDIANAPOLIS IN 46219
TITLE	D <input type="checkbox"/> Delete
NAME	HOKANSON, STEPHEN P
STREET ADDRESS	107 N. PENNSYLVANIA STREET, SUITE 800
CITY-ST-ZIP	INDIANAPOLIS IN 46204
TITLE	D <input type="checkbox"/> Delete
NAME	ANDREWS, DAVID P
STREET ADDRESS	1205 N. SCHULZ ROAD
CITY-ST-ZIP	FENWICK ISLAND DE 19944

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ervin, Lee N.
STREET ADDRESS	250 N. Shadeland Avenue
CITY-ST-ZIP	Indianapolis, IN 46219
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Rick A.
STREET ADDRESS	250 N. Shadeland Avenue
CITY-ST-ZIP	Indianapolis, IN 46219
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	West, Thomas M.
STREET ADDRESS	695 E. Main Street, 3rd Floor
CITY-ST-ZIP	Stamford, CT 06904
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hokanson, Stephen P
STREET ADDRESS	2809 Silverleaf Lane
CITY-ST-ZIP	Naples, FL 34105
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Leeanne W. Graziani **SIGNATURE REQUIRED** President 1/22/02 (941) 948-1851
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)