

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003817

1. Entity Name

TESTAMERICA, INCORPORATED

Principal Place of Business

4310 EAST ANDERSON RD.
ORLANDO FL 32812

Mailing Address

122 LYMAN ST.
ASHEVILLE NC 28801-4372

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

56-1736830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 PC ☐ Delete
NAME BARR, THOMAS R
STREET ADDRESS 122 LYMAN ST.
CITY-ST-ZIP ASHEVILLE NC 28801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROSENSTEIN, BARRY
STREET ADDRESS SAGAPONACK PARINERS, 170 COLUMBUS AVE
CITY-ST-ZIP SAN FRANCISCO CA 94133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEISMAN, MARC A
STREET ADDRESS SAGAPONACK PARINERS 645 FIFTH AVE 8TH FL
CITY-ST-ZIP NEW YORK NY 10022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARCUM, W. PHILLIP
STREET ADDRESS MARCUM NATURAL GAS 1675 BROADWAY #2150
CITY-ST-ZIP DENVER CO 80202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SANDERS, MARK
STREET ADDRESS FIFTEEN SE REALTY INC 11 MADISON AVE
CITY-ST-ZIP NEW YORK NY 10010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☒ Delete
NAME EVERS, MICHAEL
STREET ADDRESS 122 LYMAN ST.
CITY-ST-ZIP ASHEVILLE NC 28801

TITLE VT ☐ Change ☒ Addition
NAME COSTON, ROBERT
STREET ADDRESS 122 LYMAN ST.
CITY-ST-ZIP ASHEVILLE, NC 28801

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)