

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003913

1. Entity Name  
ARGOSY PARTNERS, INC.



FILED

03 MAY -5 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1781 PARK CENTER DR  
ORLANDO FL 32835  
US

Mailing Address  
1781 PARK CENTER DR  
ORLANDO FL 32835  
US



2. Principal Place of Business

3865 W CHEYENNE AVE

3. Mailing Address

3865 W CHEYENNE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
NORTH LAS VEGAS, NV

City & State  
NORTH LAS VEGAS, NV

4. FEI Number 94-3207520

Applied For  
Not Applicable

Zip  
89032

Country

Zip  
89032

Country

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

C T 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. 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 \_\_\_\_\_

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RAYBURN, GREGORY F  
STREET ADDRESS 1781 PARK CENTER DR  
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600018018558 Change ☐ Addition  
05/05/03--01096--016 \*\*2817.04

TITLE VPD  
NAME YOUNG, LAWRENCE E  
STREET ADDRESS 1781 PARK CENTER DR  
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

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

TITLE VP  
NAME COHEN, ANN  
STREET ADDRESS 1781 PARK CENTER DR  
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

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

TITLE AT  
NAME BUTTE, ERIC P  
STREET ADDRESS 1781 PARK CENTER DR  
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
SEE ATTACHED  
EXHIBIT A

TITLE T  
NAME JOHNSTON, DAVID C  
STREET ADDRESS 1781 PARK CENTER DR  
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Delete

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

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

03/25/03 (702)804-8600  
Date Daytime Phone #

CR2E034 (10/02)

## **EXHIBIT A**

Nicholas J. Benson, D/P

3865 W. Cheyenne Avenue  
North Las Vegas, NV 89032

Steven E. West, D/VP/S

3865 W. Cheyenne Avenue  
North Las Vegas, NV 89032

James F. Anderson, VP

3865 W. Cheyenne Avenue  
North Las Vegas, NV 89032

Andrew Gennuso, VP

3865 W. Cheyenne Avenue  
North Las Vegas, NV 89032

Sheila G. Shortland, AT

3865 W. Cheyenne Avenue  
North Las Vegas, NV 89032