

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2000 8:00 am**
Secretary of State

05-02-2000 90105 036 ***150.00

DOCUMENT # F97000005217

1. Entity Name

UAC SECURITIZATION CORPORATION

Principal Place of Business

Mailing Address

**9240 BONITA BEACH ROAD, STE 1109
BONITA SPRINGS FL 34135
US****9240 BONITA BEACH ROAD, STE 1109
BONITA SPRINGS FL 34135-4250
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

35-1937340

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

**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.

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 **D** ☐ Delete
NAME **WEST, THOMAS M**
STREET ADDRESS **30 OAK STREET**
CITY-ST-ZIP **STAMFORD CT 06905**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **695 E. Main Street, 3rd Floor**
CITY-ST-ZIP **Stamford, CT 06904**TITLE ☐ Delete
NAME **PTAS**
STREET ADDRESS **GRAZIANI, LEEANNE**
CITY-ST-ZIP **9240 BONITA BEACH RD, STE 1109
BONITA SPRINGS FL 34135**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **AVAS**
STREET ADDRESS **WAGONER, RICHARD A**
CITY-ST-ZIP **92040 BONITA BEACH RD, STE 1109
BONITA SPRINGS FL 34135**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **STAINBROOK, JOHN M**
CITY-ST-ZIP **250 N. SHADELAND AVENUE
INDIANAPOLIS IN 46219**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **VONDEYLEN, JERRY D**
CITY-ST-ZIP **250 N. SHADELAND AVENUE
INDIANAPOLIS IN 46219**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MULLENNIX, GARY**
CITY-ST-ZIP **9240 BONITA BEACH RD, STE 1109
BONITA SPRINGS FL 34135**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **425 Dockside Drive #806**
CITY-ST-ZIP **Naples, FL 34110**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/00 (941)948-1850

Daytime Phone #

F 9700005217

At Hedman

94996

UAC SECURITIZATION CORPORATION
Supplement to Block 11 and 12

Additions:

D

David Michael Pointer II
2510 118th Avenue North
St. Petersburg, FL 33716

V/S/AT

Dawn M. Huerta
9240 Bonita Beach Rd, STE 1109
Bonita Springs, FL 34135