

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005217

1. Entity Name

UAC SECURITIZATION CORPORATION

Principal Place of Business

9240 BONITA BEACH ROAD, STE 1109
BONITA SPRINGS FL 34135
US

Mailing Address

9240 BONITA BEACH ROAD, STE 1109
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, THOMAS M	
STREET ADDRESS	695 E MAINSTREET 3RD FLOOR	
CITY- ST- ZIP	STAMFORD CT 06904	
TITLE	PTAS	<input type="checkbox"/> Delete
NAME	GRAZIANI, LEEANNE	
STREET ADDRESS	9240 BONITA BEACH RD, STE 1109	
CITY- ST- ZIP	BONITA SPRINGS FL 34135	
TITLE	AVAS	<input type="checkbox"/> Delete
NAME	WAGONER, RICHARD A	
STREET ADDRESS	92040 BONITA BEACH RD, STE 1109	
CITY- ST- ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input 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	VONDEYLEN, JERRY D	
STREET ADDRESS	250 N. SHADELAND AVENUE	
CITY- ST- ZIP	INDIANAPOLIS IN 46219	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLENNIX, GARY	
STREET ADDRESS	425 DOCKSIDE DRIVE # 806	
CITY- ST- ZIP	NAPLES FL 34110	

12. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9240 Bonita Beach Rd, STE 1109
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	45 N. Pennsylvania Street
CITY- ST- ZIP	Indianapolis, IN 46204
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	425 Dockside Drive, #805
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leeanne W. Graziani,
President

4/10/01

Date

(941)948-1850

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment Doc. # F97000005217
749599

UAC SECURITIZATION CORPORATION – DOCUMENT F97000005217
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