

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003132

1. Entity Name

USCC ACQUISITION CORP.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90151 031 \*\*\*550.00

Principal Place of Business

5200 TOWN CTR CIR  
TOWER ONE- STE 301  
BOCA RATON FL 33486

Mailing Address

P O BOX 150  
HAWARD CA 94543

2. Principal Place of Business

3599 University Blvd South  
Suite, Apt. #, etc.

3. Mailing Address

7450 E. River Road  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Oakdale, CA

4. FEI Number

94-3302679

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

95361

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOFFMAN, JEFFREY A  
1116 HIGHLAND BEACH DRIVE  
HIGHLAND BEACH FL 33487

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
NAME FUERY, W. B  
STREET ADDRESS 1034 A STREET  
CITY-ST-ZIP HAYWARD CA 94541 ☐ Delete

TITLE SC  
NAME GOFFMAN, JEFFREY A  
STREET ADDRESS 1116 HIGHLAND BEACH DRIVE  
CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete

TITLE EV  
NAME SKLAR, RANDY C  
STREET ADDRESS 905 FOREST GLEN LANE  
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE CIO  
NAME MCBRIDE, DOUGLAS  
STREET ADDRESS 181 OAK ROAD  
CITY-ST-ZIP DANVILLE CA 94526 ☐ Delete

TITLE CFO  
NAME HOBERG, MICHAEL  
STREET ADDRESS 1034 A STREET  
CITY-ST-ZIP HAYWARD CA 94541 ☒ Delete

TITLE COO  
NAME PADEFORD, RICK  
STREET ADDRESS 7450 E. RD STE 2  
CITY-ST-ZIP OAKDALE CA 95361 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 files empowered.

SIGNATURE:

*Rick PadeFord*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Rick PadeFord 7/20/00

Date

(209)845-3020

Daytime Phone #

CR2E034 (5/00)