

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004234

1. Entity Name

ONESOURCE CUSTOMER CARE CENTER, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90021 004 ***150.00

Principal Place of Business

4800 N. FEDERAL HWY. STE 200B
BOCA RATON FL 33431

Mailing Address

4800 N. FEDERAL HWY. STE 200B
BOCA RATON FL 33431-3408

2. Principal Place of Business

1600 Parkwood Circle
Suite, Apt. #, etc.
#400

3. Mailing Address

c/o Carlisle
Suite, Apt. #, etc.
Management

City & State

Atlanta, GA

City & State

Services, Inc.

Zip

30339

Country

USA

Zip

Country

4. FEI Number

65-0852375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

N/A

(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

TITLE PCD
NAME GROSS, RAYMOND
STREET ADDRESS 4800 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL ☒ Delete

TITLE VSD
NAME LEVINE, STEVEN J
STREET ADDRESS 4800 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE T
NAME OLBERT, ANN
STREET ADDRESS 4800 N FEDERAL HWY
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE V
NAME WILLIAMS, GEORGE
STREET ADDRESS 1600 PARKNODA CIRCLE, #400
CITY-ST-ZIP ATLANTA GA 30339 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PETER GAZE
STREET ADDRESS 4800 N. Federal Highway #200B
CITY-ST-ZIP BOCA RATON, FL 33431 ☐ Change ☒ Addition

TITLE AS
NAME ROGER GEBHARD
STREET ADDRESS 4800 N. Federal Hwy. #200B
CITY-ST-ZIP BOCA RATON, FL 33431 ☐ Change ☒ Addition

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4/20/2000

561 368 3899

CR2E034 (9/99)