

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 01, 2000 8:00 am
Secretary of State

09-01-2000 90005 025 ***550.00

DOCUMENT # F98000006549

1. Entity Name

AMERISYS, INC.

Principal Place of Business

~~% ERS CONSULTANTS, INC.~~
140 ALEXANDRIA BLVD STE H
OVIEDO FL 32765

Mailing Address

~~% ERS CONSULTANTS, INC.~~
140 ALEXANDRIA BLVD STE H
OVIEDO FL 32765

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 58-2207071

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

LELAND, WAYNE F
140 ALEXANDRIA BLVD STE H
OVIEDO FL 34765

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LELAND, WAYNE F
STREET ADDRESS 140 ALEXANDRIA BLVD STE H
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE President
NAME Ronald J. Warble
STREET ADDRESS 140 Alexandria Blvd Ste H
CITY-ST-ZIP Oviedo, FL 32765 ☐ Change ☒ Addition

TITLE V
NAME LUSARDI, LYNN
STREET ADDRESS 140 ALEXANDRIA BLVD STE H
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

TITLE V.D.
NAME Kathleen L. Warble
STREET ADDRESS 140 Alexandria Blvd Ste H
CITY-ST-ZIP Oviedo, FL 32765 ☐ Change ☒ Addition

TITLE DV
NAME GREENSTEIN, GEOFFREY
STREET ADDRESS 140 ALEXANDRIA BLVD STE H
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

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

TITLE V
NAME SMALL, ANDY
STREET ADDRESS 140 ALEXANDRIA BLVD STE H
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

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

TITLE V
NAME PETERS, DENNIS
STREET ADDRESS 140 ALEXANDRIA BLVD STE H
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

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

TITLE S
NAME WHITEMORE, LESLIE
STREET ADDRESS 140 ALEXANDRIA BLVD STE H
CITY-ST-ZIP OVIEDO FL 32765 ☒ Delete

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)(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

Date

407/949-3100

Daytime Phone #

CR2E034 (5/00)