

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0338451 AV

DOCUMENT # H31600

1. Entity Name
HTE-UCS, INC.



FILED

03 APR 24 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2005 WEST CYPRESS CREEK ROAD
STE 100
FT. LAUDERDALE FL 33309-1835
US

Mailing Address
2005 WEST CYPRESS CREEK ROAD
STE 100
FT. LAUDERDALE FL 33309-1835
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2486196
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORATO, LA JR, ESQ
149 F S RIDGEWOOD AVE
SUITE 550
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
600018573866
05/08/03-01073-020 **150.00
City Plantation FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Margaret E. Routzahn* MARGARET E. ROUTZAHN
Special Assistant Secretary
(NOTE: Registered Agent signature required when reinstating) DATE 4/23/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOUGHRY, III, JOSEPH M	
STREET ADDRESS	3220 OAKMONT TERRACE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VSAT	<input checked="" type="checkbox"/> Delete
NAME	GORNTTO, L.A. JR.	
STREET ADDRESS	149 S RIDGEWOOD AVENUE, SUITE 550	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VTAS	<input checked="" type="checkbox"/> Delete
NAME	FALOTICO, SUSAN D	
STREET ADDRESS	1724 FOUNTAINHEAD DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph M. Loughry, III	
STREET ADDRESS	1000 Business Center Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	V, Pres., Treas. & Asst. Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan D. Falotico	
STREET ADDRESS	1000 Business Center Drive	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie S. Brush	
STREET ADDRESS	1285 Drummers Lane	
CITY-ST-ZIP	Wayne, PA 19087	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael K. Muratore	
STREET ADDRESS	600 Laurel Oak Road	
CITY-ST-ZIP	Voorhees, NJ 08043	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence A. Gross	
STREET ADDRESS	1285 Drummers Lane	
CITY-ST-ZIP	Wayne, PA 19087	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Ruane	
STREET ADDRESS	1285 Drummers Lane	
CITY-ST-ZIP	Wayne, PA 19087	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie S. Brush* SIGNATURE REQUIRED Leslie S. Brush, Sec. 4/21/03 610-341-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)