2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment y

SIGNATURE

Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # J01129** UNITED ASSOCIATES, INC. 02-14-2000 90178 041 ***150.00 Principal Place of Business Mailing Address 180 S. KNOWLES AVENUE 180 S. KNOWLES AVENUE SUITE 9 SHITE 9 WINTER PARK FL 32789-7009 WINTER PARK FL 32789 LIS US 2. Principal Place of Business... 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2650879 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOWNDES, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE ORLANDO FL 32801 Zip Code City 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 -9.-This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PΩ ☐ Addition TITLE ☐ Delete TITLE ☐ Change RUSSELL, JAMES E. JR. NAME 180 S. KNOWLES AVENUE, SUITE 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE RUSSELL, JUDITH E. NAME NAME 180 S. KNOWLES AVENUE, SUITE 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition Delete TITLE FOLK, BARBARA T. NAME NAME 180 S. KNOWLES AVENUE, SUITE 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP_ ☐ Delete TITLE HAME - FORX NAME STREET ADDRESS CITY-ST-ZIP ST-ZIPANE & MASSICE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TO TAKE A SECOND TO SECOND 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 supplied ental 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 eceiver of 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

ed.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Russell, Jr.

President

407 644-6030

Daytime Phone #

FILED