

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01129

1. Entity Name
UNITED ASSOCIATES, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90348 027 ***150.00

Principal Place of Business
180 S. KNOWLES AVENUE
SUITE 9
WINTER PARK FL 32789
US

Mailing Address
180 S. KNOWLES AVENUE
SUITE 9
WINTER PARK FL 32789
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2650879

Applied For
Not Applicable

Zip Country Zip Country

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

LOWNDES, JOHN F.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RUSSELL, JAMES E. JR.
STREET ADDRESS 180 S. KNOWLES AVENUE, SUITE 9
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME RUSSELL, JUDITH E.
STREET ADDRESS 180 S. KNOWLES AVENUE, SUITE 9
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME FOLK, BARBARA T.
STREET ADDRESS 180 S. KNOWLES AVENUE, SUITE 9
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. RUSSELL, JR.
President

Date 3/1/01 Daytime Phone # (407) 644-6030

CR2E034 (10/00)