

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J29408

1. Entity Name

INSOURCE, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90131 002 \*\*\*150.00

Principal Place of Business

9500 S. DADELAND BLVD.  
#200  
MIAMI FL 33156-2866  
US

Mailing Address

P. O. BOX 561567  
MIAMI FL 33256-1567  
US

C0007999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2776540

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

WORLEY, J. HAYES JR.  
9500 S DADELAND BLVD  
STE 200  
MIAMI FL 33156

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VCD	<input type="checkbox"/> Delete
NAME	HUMPHREY, HAROLD M.	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WORLEY, J. HAYES JR.	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BALL, CHARLES C.	
STREET ADDRESS	9500 S DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LYONS, PHILLIP C	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SWICEGOOD, BRIAN E	
STREET ADDRESS	9500 S. DADELAND BLVD., #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	VODICKA, CHARLES	
STREET ADDRESS	9500 S DADELAND BLVD 200	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM F. KLEIS	
STREET ADDRESS	9500 S DADELAND BLVD #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	AD ALEJANDRO SOTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9500 S. DADELAND BLVD, #200	
STREET ADDRESS	MIAMI FLA	
CITY-ST-ZIP		
TITLE	VD ELSA M. CANAL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Delete	
CITY-ST-ZIP		
TITLE	VD V EDWARD A. RIVAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Delete	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

CHARLES C. BALL

Date

Daytime Phone #

CR2E034 (9/99)