

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90068 010 \*\*\*\*61.25

**DOCUMENT # N28027**

1. Entity Name

**UNITED AMPUTEE SERVICES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2431 ALCMA AVENUE  
 SUITE 160  
 WINTER PARK FL 32793  
 US

P.O. BOX 4277  
 WINTER PARK FL 32793-4277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0082745

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

MOORE, JIM  
 8428 ISLAND PALM CIRCLE  
 ORLANDO FL 32835

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPD  
 SUTTON, TYLENE *D*  
 729 IBSEN AVE  
 ORLANDO FL 32809 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 SUTTON, JOSHUA *D*  
 729 IBSEN AVENUE  
 ORLANDO FL 32809 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PB  
 MOORE, JIM *D*  
 8428 ISLAND PALM CIR  
 ORLANDO FL 32835 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 ROULO, RENEE ☒ Delete  
 16600 GULF BLVD #235  
 N REDDINGTON BEACH FL 33708

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 RANDY MILLER ☐ Change ☒ Addition  
 4923 Southfork Ranch Dr  
 Orlando, FL 32812 *SD*

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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 617, 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: *SIGNATURE REQUIRED* Moore

1/15/2002 407-399-3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)