

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37446

1. Entity Name

UTSC, INCORPORATED

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90056 016 \*\*\*\*61.25

Principal Place of Business

114 NORTH OHIO AVENUE  
P.O. BOX 1239  
LIVE OAK FL 32060

Mailing Address

114 NORTH OHIO AVENUE  
P.O. BOX 1239  
LIVE OAK FL 32064-1239

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 **59-3150148**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWEN, GEORGE  
2924 NE 13TH DRIVE  
GAINESVILLE FL 32609

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 George Bowen  
Signature, typed or printed name of registered agent and title if applicable.

George Bowen  
(NOTE: Registered Agent signature required when reinstating)

4/28/00  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **VEAL WILLIE JR.**  
CITY-ST-ZIP **25268 77TH RD**  
**O BRIEN FL**

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

TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **WINGATE, NIRA V.**  
CITY-ST-ZIP **22641 95TH LANE**  
**O'BRIEN FL**

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

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **CAMBELL, STEPHEN**  
CITY-ST-ZIP **11397 122ND TRAIL**  
**LIVE OAK FL**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **FRYE, PEGGY**  
CITY-ST-ZIP **PO BOX 112**  
**BRANFORD FL 32008**

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

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **DUHART, EVELINE**  
CITY-ST-ZIP **P.O. BOX 92 N/A**  
**LIVE OAK FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Wingate 4-28-00 935-1231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)