

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 APR -4 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001668 (3)

1. Corporation Name
UNITED BUSINESSES ASSOCIATION OF AMERICA, INC.

Principal Place of Business Mailing Address
200 W COLLEGE SUITE 210 TALLAHASSEE FL 32301
200 W COLLEGE SUITE 210 TALLAHASSEE FL 32301

2. Principal Place of Business 2a. Mailing Address
21 26 PO Box 408
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 Tallahassee FL
24 Zip 25 Country 29 32302 30 Leon

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 04/14/1993 3a. Date of Last Report 04/29/1994
4. FEI Number 59-3177873 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STAHL, THOMAS W
200 W COLLEGE
SUITE 210
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENNINGS, JEFF
STREET ADDRESS	1030 WILFRED DR
CITY - ST - ZIP	ORLANDO FL 32804
TITLE	D
NAME	DURRANCE, FRANK
STREET ADDRESS	950 N ORLANDO AVE SUITE 210
CITY - ST - ZIP	WINTER PARK FL 32789
TITLE	D
NAME	HILL, EUGENE
STREET ADDRESS	280 WEKIVA SPRINGS RD
CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	D
NAME	RICHARDS, BUDDY
STREET ADDRESS	28049 FAIR ST.
CITY - ST - ZIP	ASTATULA FL 34705
TITLE	D
NAME	STAHL, THOMAS
STREET ADDRESS	200 W. COLLEGE AVE., STE 210
CITY - ST - ZIP	TALLAHASSEE FL 32302
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or omitted, in accordance with an address.

SIGNATURE: _____ Thomas Stahl 1/18/95 904/681-6265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR