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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000001668 (3)

1. Corporation Name

UNITED BUSINESSES ASSOCIATION OF AMERICA, INC.



Principal Place of Business

Mailing Address

116 S. MONROE
300
TALLAHASSEE FL 32301
US

P O BOX 408
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified

04/14/1993

4. FEI Number

59-3177873

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAHL, THOMAS W
116 S. MONROE ST
SUITE 300
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

JENNINGS, JEFF
1030 WILFRED DR
ORLANDO FL 32804

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

DURRANCE, FRANK
950 N ORLANDO AVE SUITE 210
WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

HILL, EUGENE
~~200 WEKIVA SPRINGS RD~~
~~LONGWOOD FL 32770~~

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

RICHARDS, BUDDY
28049 FAIR ST.
ASTATULA FL 34705

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STAHL, THOMAS
116 S. MONROE ST. STE 300
TALLAHASSEE FL

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address.

SIGNATURE:

3-12-98

904-681-6265

CR2E037 (10/97)