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NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N93000001668
1. Corporation Name
UNITED BUSINESSES ASSOCIATION OF AMERICA, INC.

Principal Place of Business
116 S. MONROE
300
TALLAHASSEE FL 32301
US
Mailing Address
P O BOX 408
TALLAHASSEE FL 32302
US



2. Principal Place of Business
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2a. Mailing Address
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3. Date Incorporated or Qualified
04/14/1993
4. FEI Number
59-3177873
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

9. Name and Address of Current Registered Agent
STAHL, THOMAS W
116 S. MONROE ST
SUITE 300
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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D JENNINGS, JEFF
1030 WILFRED DR
ORLANDO FL 32804
D DURRANCE, FRANK
950 N ORLANDO AVE SUITE 210
WINTER PARK FL 32789
D HILL, EUGENE
18500 US HWY 441
MT. DORA FL 32756
D RICHARDS, BUDDY
26049 FAIR ST.
ASTATULA FL 34705
D STAHL, THOMAS
116 S. MONROE ST. STE 300
TALLAHASSEE FL

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 amendments, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-16-99
850-681-6265
Date Daytime Phone #

CR2E037 (11/98)