

**2001<sup>st</sup> UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000001436**

1. Entity Name

**UNITED SERVANTS ABROAD, INC.**

Principal Place of Business

**505 S FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH FL 33401**

Mailing Address

**P.O. BOX 3475  
WEST PALM BEACH FL 33402**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0821937**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HENRY, THORNTON M  
505 S FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

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

TITLE	DM	<input type="checkbox"/> Delete
NAME	ELMORE, DONALD E	
STREET ADDRESS	14530 ROLLING ROCK PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELMORE, KATHRYN S	
STREET ADDRESS	14530 ROLLING ROCK PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete

NAME	STEPP, MELANIE L	
STREET ADDRESS	3060 BRISTOL RD APT 296	
CITY-ST-ZIP	BENSALEM PA 19020	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROCKWAY, ROBERT G	
STREET ADDRESS	5217 MISTY MORN RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KERR, BERNIE	
STREET ADDRESS	12451 GRUMMAN WAY	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUGH, BEATRICE	
STREET ADDRESS	1957 FITTIN CT	
CITY-ST-ZIP	LAKE WORTH FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stepp, Melanie L.	
STREET ADDRESS	54 Palamino Ct.	
CITY-ST-ZIP	Horsham, PA 19044	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Donald E. Elmore** 1/5/01 (561) 795-1465

Date

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90074 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)