

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91641 041 \*\*\*\*61.25

**DOCUMENT # N98000001436**

1. Entity Name

**UNITED SERVANTS ABROAD, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0821937**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DM** ☐ Delete  
 NAME **ELMORE, DONALD E**  
 STREET ADDRESS **14530 ROLLING ROCK PL**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Bruce Case**  
 STREET ADDRESS **10314 Denoer Rd**  
 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE **TD** ☐ Delete  
 NAME **ELMORE, KATHRYN S**  
 STREET ADDRESS **14530 ROLLING ROCK PL**  
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Calvin Ozier**  
 STREET ADDRESS **1574 Whitmar Pl E.**  
 CITY-ST-ZIP **Memphis, TN 38120**

TITLE **D** ☐ Delete  
 NAME **STEPP, MELANIE L**  
 STREET ADDRESS **54 PALAMINO CT**  
 CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Michael Branch**  
 STREET ADDRESS **330 Lake Road**  
 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **PD** ☐ Delete  
 NAME **BROCKWAY, ROBERT G**  
 STREET ADDRESS **5217 MISTY MORN RD**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Walter Forman**  
 STREET ADDRESS **28 Shady Lane**  
 CITY-ST-ZIP **tequesta, FL 33469**

TITLE **VD** ☐ Delete  
 NAME **KERR, BERNIE**  
 STREET ADDRESS **12451 GRUMMAN WAY**  
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34987**

TITLE **D** ☐ Change ☒ Addition  
 NAME **David Richardson**  
 STREET ADDRESS **10935 N.W. 40th ST**  
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **D** ☐ Delete  
 NAME **HOUGH, BEATRICE**  
 STREET ADDRESS **1957 FITTIN CT**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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:** Donald E. Elmore, Director May 10, 2002 561-795-1665  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)