

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90092-013-\$61.25-\$61.25

APPROVED  
AND  
FILED

DOCUMENT # N99000005389

1. Entity Name

U.S. BUSINESS ASSOCIATION, INC.

00 MAR 27 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1282 N.E. BUSINESS PARK PL.  
JENSEN BEACH FL 34957

Mailing Address

1282 N.E. BUSINESS PARK PL.  
JENSEN BEACH FL 34957-5319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, WILLIAM C.  
3561 S.W. CORPORATE PKWY.  
PALM CITY FL 34990

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 D ☐ Delete  
NAME GAUNTT, JENNIFER  
STREET ADDRESS 1282 N.E. BUSINESS PARK PL.  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D ☐ Delete  
NAME KEYES, NANCY  
STREET ADDRESS 1282 N.E. BUSINESS PARK PL.  
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D ☐ Delete  
NAME MCINTYRE, WILLIAM C  
STREET ADDRESS 3561 S.W. CORPORATE PKWY.  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D/S ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*JENNIFER K. GAUNTT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER K. GAUNTT

2/17/00

561-225-2855

Date

Daytime Phone #

CR2E037 (9/99)