

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005389

1. Entity Name

U.S. BUSINESS ASSOCIATION, INC.

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1023942 APPLIED FOR

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ Addition

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
NANCY KEYES

3/30/01

Date

561-225-2855

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90501 047 ****61.25

C0042104



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)