

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04056

1. Entity Name  
USBI CO.

FILED

00 SEP 25 AM 11: 18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ATTN: LEGAL DPT  
P.O. BOX 21212  
KENNEDY SPACE CENTER FL 32815  
US

Mailing Address

ATTN: LEGAL DEPT  
P.O. BOX 21212  
KENNEDY SPACE CENTER FL 32815  
US

2. Principal Place of Business

C/O PRATT + WHITNEY

Suite, Apt. #, etc.  
17900 BEELINE HWY.

City & State  
JUPITER, FL 33478

Zip Country  
33478 USA

3. Mailing Address

C/O PRATT + WHITNEY

Suite, Apt. #, etc.  
P.O. BOX 109600, M/S 704-60

City & State  
WEST PALM BEACH, FL

Zip Country  
33410-9600 USA

4. FEI Number 59-2425729

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

500003415405--9

10/05/00 01093 021

\*\*\*750.00 FL \*\*\*750.00

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME BALAGUER, JOHN P  
STREET ADDRESS 5380 N OCEAN DR  
CITY-ST-ZIP SINGER ISLAND FL

TITLE T ☐ Delete  
NAME DEMERS, JEAN O  
STREET ADDRESS 3770 OAK HILL DRIVE  
CITY-ST-ZIP TITUSVILLE FL

TITLE S ☒ Delete  
NAME COOPER, ROCHELLE L  
STREET ADDRESS 921 SOUTH FOURTH STREET  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE PD ☒ Delete  
NAME NORTH, DOUGLAS A  
STREET ADDRESS 19091 PORTOS  
CITY-ST-ZIP SARATOGA CA

TITLE DVP ☒ Delete  
NAME REED, DONALD K.  
STREET ADDRESS 609 SHOREWOOD DR #203  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME WONNELL, THOMAS  
STREET ADDRESS 17900 BEELINE HWY  
CITY-ST-ZIP WEST PALM BEACH, FL 33478

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

TITLE SD ☐ Change ☒ Addition  
NAME DONNA L. CLAYTON  
STREET ADDRESS 17900 BEELINE HWY  
CITY-ST-ZIP WEST PALM BEACH, FL 33478

TITLE PD ☐ Change ☒ Addition  
NAME KNAUER, LARRY D.  
STREET ADDRESS 17900 BEELINE HWY  
CITY-ST-ZIP WEST PALM BEACH, FL 33478

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JEAN O. DEMERS

9-8-2000

321-853-9439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

KE