

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000058996 (8)

1. Corporation Name

UNITED LEISURE ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

Mailing Address

3033 MERCY DR  
SUITE A  
ORLANDO FL 32808  
US

3033 MERCY DR  
ORLANDO FL 32808-9113  
US

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

05/20/1996

4. FEI Number

59-3200719

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDGAR, CANDICE B  
3033 MERCY DR  
ORLANDO FL 32808

81 Name

Paul W. Moses II

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

Maguire, Voorhis & Wells, P.A.

83

Two South Orange Plaza

84 City

Orlando

FL

85 Zip Code

32802

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type: 3 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DOEBLER, DONALD W	
STREET ADDRESS	3033 MERCY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	EDGAR, CANDICE B	
STREET ADDRESS	3033 MERCY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DOEBLER, VIRGINIA M	
STREET ADDRESS	3033 MERCY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DOEBLER, DAVID R	
STREET ADDRESS	3033 MERCY DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/S
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Orlando, FL, 32808
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Orlando, FL, 32808
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candice B. Edgar 4-16-97 (407) 297-0141

Date

Daytime Phone #

CR2E034 (9/96)