

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067335

1. Entity Name

UNITED LABOR OF AMERICA, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90861 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2536 COUNTRYSIDE BLVD  
 4TH FLOOR  
 CLEARWATER FL 33763  
 US

Mailing Address  
 2536 COUNTRYSIDE BLVD  
 4TH FLOOR  
 CLEARWATER FL 33763-1633  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3333378**  
☐ 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**

**THORNTON, R. MAURY**  
**2536 COUNTRYSIDE BLVD**  
**6TH FLOOR**  
**CLEARWATER FL 33763**

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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>THORNTON, R. MAURY</b>	
STREET ADDRESS	<b>2536 COUNTRYSIDE BLVD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICK, WANITA S.</b>	
STREET ADDRESS	<b>2536 COUNTRYSIDE BLVD 4TH FL</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34623</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BOESCH, GARY R</b>	
STREET ADDRESS	<b>2536 COUNTRYSIDE BLVD., 6TH FLOOR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33763</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HEFTI, DAVID</b>	
STREET ADDRESS	<b>1721 PETERS CREEK RD.</b>	
CITY-ST-ZIP	<b>ROANOKE VA 24017</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: R. Maury Thornton **2-23-00** (727) 726-0726  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)