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Feb 06 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 # P95000077630 (8)

1. Corporation Name

UNISOURCE ADMINISTRATORS, INC.



Principal Place of Business

1549 RINGLING BLVD
SUITE 411
SARASOTA FL 34238

Mailing Address

1549 RINGLING BLVD
SUITE 411
SARASOTA FL 34238-6772

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

21 7126 BENEVA Rd.S.

2a. Mailing Address

26 7126 BENEVA Rd.S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 200

27 SUITE 200

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

Zip

Country

Zip

Country

24 34238

25

29 34238

30

4. FEI Number
65-0618911

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

9. Name and Address of Current Registered Agent

OLWERT, ANDREW W III
1549 RINGLING BLVD
SUITE 411
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

Andrew W. Olwert III

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

7126 BENEVA Rd.S.

83

SUITE 200

84 City

SARASOTA

FL

85 Zip Code

34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Andrew W. Olwert III
Signature typed or printed name of registered agent and the if applicable

Andrew W. Olwert III President

11/31/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME OLWERT, ANDREW W III
STREET ADDRESS 7547 SILVER FERN
CITY-ST-ZIP SARASOTA FL 34241

TITLE D ☐ DELETE
NAME TOLLERTON, JAMES B
STREET ADDRESS 1425 WESTBROOK DR
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ DELETE
NAME RUGGERI, JON
STREET ADDRESS 6736 ASHLEY CT
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME RONALD F. KOSEY
1.3 STREET ADDRESS 7052 N. SERENOA DR
1.4 CITY-ST-ZIP SARASOTA FL 34241

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME FRANK RYU
2.3 STREET ADDRESS 136 S. BRONOUGH STREET
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32302.

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Jon R. Ruggeri
Jon R. Ruggeri 11/27/97 941-925-7002

Date Daytime Phone #

CR2E034 (9/96)