

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077630

1. Entity Name
Unisource Administrators, Inc.

Principal Place of Business Mailing Address
5951 Catteridge Blvd, Ste 200
Sarasota, FL 34232

2. Principal Place of Business <u>5951 Catteridge Blvd</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>Sarasota, FL</u> Zip <u>34232</u>	3. Mailing Address <u>5951 Catteridge Blvd</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>Sarasota, FL</u> Zip <u>34232</u>
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REINSTATEMENT

4. FEI Number 65-0619911 Applied For ☒ Not Applicable ☐
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

Andrew W. Olwert, III
5951 Catteridge Blvd, Ste 200
Sarasota, FL 34232

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] DATE 12.26.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<u>Director, President</u>	<input type="checkbox"/> Delete
NAME	<u>Andrew W. Olwert, III</u>	
STREET ADDRESS	<u>5951 Catteridge Blvd, Ste 200</u>	
CITY-ST-ZIP	<u>Sarasota, FL 34232</u>	

TITLE	<u>D</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Frank Ryll</u>	
STREET ADDRESS	<u>136 S. Bronough St</u>	
CITY-ST-ZIP	<u>Tallahassee, FL</u>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>500003532625--0</u>	
STREET ADDRESS	<u>01/11/01--01040--014</u>	
CITY-ST-ZIP	<u>****75875****75875</u>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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] DATE 12.26.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)