

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 010 ***550.00

DOCUMENT # P98000073889

1. Entity Name

NEWSTAR USA, INC.



Principal Place of Business 300 INTERNATIONAL PKWY., SUITE 270 HEATHROW FL 32746	Mailing Address 300 INTERNATIONAL PKWY., SUITE 270 HEATHROW FL 32746-5028
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3530116**

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCANALL, PETER
300 INTE PKWY STE 270
LAKE MARY FL 32746**

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 _____ DATE _____
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETHERLAND, EDWARD H	NAME	
STREET ADDRESS	230 4TH AVE. N., SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETHERLAND, EDWARD H	NAME	
STREET ADDRESS	230 4TH AVE. N., SUITE 401	STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37219	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPISI, JAMES M	NAME	
STREET ADDRESS	300 INTERNATIONAL PKWY., SUITE 270	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHALL, PETER	NAME	
STREET ADDRESS	300 INTE PKWY STE 270	STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/2000

Date

Daytime Phone #

CR 3E0 110 (9)