

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000074520**

1. Entity Name

THE UNION GROUP, INC.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90078 017 ***150.00

Principal Place of Business Mailing Address

2800 BISCAYNE BLVD. **2800 BISCAYNE BLVD.**
SUITE 400 **SUITE 400**
MIAMI FL 33137 **MIAMI FL 33137-4528**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0941287

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**

STEINMAN, JAY A
%CARLTON FIELDS WARD EMMANUEL SMITH CUTLER
100 SE 2ND ST., 4000 INTERNATIONAL PL
MIAMI FL 33131-9101

Name

THEODORA BRYANT

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

2800 BISCAYNE BLVD**SUITE 400**

City

MIAMI

FL

Zip Code

33137

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 **THEODORA BRYANT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-00

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 **CHAIRMAN** ☐ Delete
NAME **THOMAS, OSCAR LEWIS**
STREET ADDRESS **2800 BISCAYNE BLVD. SUITE 400**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☒ Delete
NAME **DANSON, RICHARD P**
STREET ADDRESS **2800 BISCAYNE BLVD. SUITE 400**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **PRESIDENT** ☐ Delete
NAME **BRYANT, THEODORA**
STREET ADDRESS **2800 BISCAYNE BLVD. SUITE 400**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **CAROL THOMAS**
STREET ADDRESS **2800 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **PRESIDENT** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

Sign Here **THEODORA BRYANT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3

Date

305-438-0805**3-1-00**

CR2E034 (9/99)