FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

teres fit

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90194 006 ***150.00

FILED

DOCUMENT # **S26287** 1. Corporation Name

UBAC I	FL, INC
--------	---------

Principal Place of Business Mailing Address			1 1981(8)8 tim 100.2 ditim itami ratit iden einte didit diets eint debes didit	1001.		
4738 DISTRIBU	TION DRIVE	%DATA PROCESSING & CENT.	RECS.			
P.O. BOX 850880					DO NOT WRITE IN THIS SPACE	
TAMPA FL 33605 BRAINTREE MA 02185-0880 US				3. Date Incorporated or Qualifed		
					j ·	
2 Drivers of D	lang of Divisions	2a. Mailing Address		· ·	01/22/1991 4. FEI Number Applied Fo	
					58-1928668 Not Applic	
Suite, Apt.	# etc	Suite, Apt, #, etc.			\$8.75 Addition	
		— 27			5. Certificate of Status Desired Fee Required	L.
City & Stat	17 14 19 0 3 1 2 1 2 2				6. Election Campaign Financing S5.00 May Be	\$5.00 May Bo
		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
!	25	29 30]		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curren				10. Name and Address of New Registered Agent	
			81	Name		
CT (CORPORATION SYSTEM		82	Stroot Add	ress (P.O. Box Number is Not Acceptable)	
1200	SOUTH PINE ISLAND ROAD		02	Street Addi	1955 (P.O. Box radiliber 15 radi Acceptable)	
PLAI	NTATION FL 33324		83			
	,		84	City	FL 85 Zip Code	
agent. I a	ım familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statutes	·	on's board of directors. I hereby accept the appointment as registered	_
	Signature, typed or printed name of registered agen		gistered Agen 13.	t signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
12.		D DIRECTORS	1.1 TITLE	$\overline{}$		ddition
TITLE	DP	C) DECE IE				
NAME	MILLARD, DONALD A. JR		1.2 NAME	400000		
STREET ADDRESS	1		1.3 STREET			
CITY-ST-ZIP	BRAINTREE MA	☐ DELETE	1.4 CITY-ST	-ZIP	☐ Change ☐ Ad	ddition
TITLE	D DANED	C) pereie	2.1 TITLE 2.2 NAME			
NAME	MILLARD, DAVID			ADODECE		
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP	BRAINTREE MA	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-ZP	☐ Change ☐ A	ddition
TITLE	SD-		3.1 IIILE			
NAME	MILLARD, JOHN D.	į		ADDRESS		
STREET ADDRESS	1		3.3 STREET			
CITY-ST-ZIP	BRAINTREE MA	DELETE	3.4. CITY-S 4.1 TITLE	1-AP	☐ Change ☐ A	ddition
TITLE	T		4.1 IIILE 4.2 NAME			
NAME	MASON, JOHN B.			ADDOESS		
STREET ADDRESS			4.3 STREET	1		
CITY-ST-ZIP	BRAINTREE MA	☐ DELETE	4.4 CITY-S	I-ZIP].	☐ Change ☐ Ai	ddition
TITLE	4-		5.1 IIILE		Change C.A.	

CITY-ST-ZIP 14. 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 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 shanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

781898/9/5 Daytime Phone # X/07

Change

Addition

CR2E034 (11/98)