

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90320 030 ***150.00

DOCUMENT # 483464

1. Entity Name
DEARDOURFF, TIMMONS & ASSOCIATES, P.A.



Principal Place of Business
**6420 N.W. 9TH BLVD. #2
GAINESVILLE FL 32605-4203**

Mailing Address
**6420 N.W. 9TH BLVD. #2
GAINESVILLE FL 32605-4203**

66001060



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1614580**

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

**DEARDOURFF, STEPHEN L
6420 N.W. 9TH-BLVD. #2
GAINESVILLE FL 32605**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEARDOURFF, STEPHEN L 6420 N.W. 9TH BLVD. GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIMMONS, JOHN W. 6420 N.W. 9TH BLVD. GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)

22001619

Attachment

838218

ATTACHMENT TO
2003 UNIFORM BUSINESS REPORT (UBR)
FOR
THE FRANK STANLEY BEVERIDGE FOUNDATION, INC.

Continuation of Block 10:

TITLE: D
NAME: WOODS, DAVID F.
STREET ADDRESS: David F. Woods Associates
1500 Main Street
Suite 604
Springfield, MA 01115

TITLE: D
NAME: CASWELL, WARD S.
STREET ADDRESS: 335 Brookline Street
Needham, MA 02492

TITLE: D
NAME: EDDY, LATIMER B.
STREET ADDRESS: 90 Bridle Path Road
W. Springfield, MA 01089

TITLE: D
NAME: PALMER, IAN CAMPBELL
STREET ADDRESS: 125 Island Drive
Middletown, RI 02842

TITLE: D
NAME: STECHER, FREDERICK WILLIAM
STREET ADDRESS: 2539 Gundry Avenue
Long Beach, CA 90807