2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90051 037 ****61.25

DOCUMENT # 771055

1. Entity Name

THE GAINESVILLE FLORIDA CHAPTER OF THE RETIRED O

Principal Place of Business	Mailing Address
C/O PETER H. WARD 4001 NEWBERRY RD. S-1. BLDG. C GAINESVILLE FL 32607	C/O PETER H. WARD 4001 NEWBERRY RD. S-1. BLDG. C GAINESVILLE FL 32607-2392

DO NOT WRITE IN THIS SPACE

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 59-2413342 ☐ 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
WARD, PETER H. 4001 NEWBERRY ROAD, SUITE 1 BUILDING C GAINESVILLE FL 32607	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WAGNER, TIMOTHY W. 3761 NW 39 AVE GAINESVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robert E Burford 1613 SW 76th Ter Gainesville, Fl 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, ERNEST T 8700 SW 61 AVENUE GAINESVILLE FL 32608	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John H Brunner 7072 NW 52nd Terrace Gainesville, Fl 32653	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LILEY, MERLE 8620 NW 13 ST GAINESVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Merle Liley 8620 NW 13th ST Gainesville, Fl 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRUNNER, JOHN H 7072 NW 52 TERRACE GAINESVILLE FL 32653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAGOPIAN, ALAN M 4462 Vienna Woods Way Gainesville, Fl 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, ROGER 5015 NW 19 PL GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, GEORGE G 2415 NW 69 TERRACE GAINSVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 617, 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: Alan M Hagopian ALAN M HAGOPIAN Treasurer 5/15/2000 352-375-4517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #