## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#771055** 

Apr 29, 2002 8:00 AM Secretary of State

Entity Name: THE GAINESVILLE FLORIDA CHAPTER OF THE RETIRED OFFICERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O PETER H. WARD 4001 NEWBERRY RD, S-1, BLDG. C GAINESVILLE, FL 32607 **New Mailing Address: Current Mailing Address:** C/O PETER H. WARD 4001 NEWBERRY RD, S-1, BLDG. C GAINESVILLE, FL 32607 FEI Number: 59-2413342 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARD, PETER H. 4001 NEWBERRY ROAD, SUITE 1 **BUILDING C** GAINESVILLE, FL 32607 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BURFORD, ROBERT E Name: Name: 1613 SW 76TH TERR Address: Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: Title: () Delete Title: VPD (X) Change ( ) Addition BRUNNER, JOHN H Name: WARD, PETER H Name: Address: 7072 NW 52ND TERR Address: 4001 NEWBERRY RD, S-1, BLDG C City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip: GAINESVILLE, FL 32607 Title: () Delete Title: (X) Change ( ) Addition ALBRITTON, JAMES P LILEY, MERLE Name: Name: 8620 NW 13 ST 180 TURKEY CREEK Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: ALACHUA, FL 32615 Title: ( ) Delete Title: (X) Change ( ) Addition Name: HAGOPIAN, ALAN M Name: SMITH, JERROLD Address: 4462 VIENNA WOODS WAY Address: 2831 NW 41ST ST, STE G City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32606 Title: () Delete Title: (X) Change ( ) Addition PIERCE, ROGER, PIERCE, ROGER Name: Name: 5015 NW 19 PL 5015 NW 19 PL Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: (X) Change ( ) Addition GRAHAM, GEORGE G LITTMAN, MAYER Name: Name: Address: 2415 NW 69 TERRACE Address: 8904 NW 4TH PLACE

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

GAINSVILLE, FL 32607

SIGNATURE: ROBERT E. BURFORD PRES 04/29/2002

GAINSVILLE, FL 32606

City-St-Zip: