2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010588

DOCUMENT # 771055

FILED

03 MAY -8 AM 8:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name

THE GAINESVILLE FLORIDA CHAPTER OF THE RETIRED O FFICERS ASSOCIATION, INC.

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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. C-1	Suite, Apt. #, etc. C-1
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) 4001 NEWBERRY ROAD SUITE C-1 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 $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURFORD, ROBERT E 1613 SW 76TH TERR GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ WARD, PETER H 4001 NEWBERRY RD, S-1, BLDG C GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBRITTON, JAMES P 180 TURKEY CREEK ALACHUA FL 32615	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, JERROLD 2831 NW 41ST ST, STE G GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, ROGER 5015 NW 19 PL GAINESVILLE FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200019574872 05/20/03--01045--015 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTMAN, MAYER 8904 NW 4TH PLACE GAINSVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: [illegible] REQUIRED 4/7/03 352 376 3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #