

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

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

03-03-2003 90479 013 ****61.25

DOCUMENT # N97000001867

1. Entity Name

ALPINE VILLAGE ROC, INC.



Principal Place of Business

**18 CENTER STREET
LAKE PLACID FL 33852**

Mailing Address

**18 CENTER STREET
LAKE PLACID FL 33852**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0752995**

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



**Margaret Garas
18 Clay St
Lake Placid, FL 33852-7096**

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 *Margaret Garas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYFIELD, E CLYDE 2 PENNSYLVANIA AVE LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT O'DELL, MELVIN L 13 CLAY ST LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRABILL, MARTIN 10 BRYANT STREET LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDY, ROBERT 11 BRYAN ST LAKE PLACID FL 33852	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, DONALD 15 PENNSYLVANIA AVE LAKE PLACID FL 33852	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CLIFFORD 2 LAKE STREET LAKE PLACID FL 33852	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AS</i> Kenneth Sterner 9 Bryan St Lake Placid, FL 33852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Ger</i> Gerald Amerman 8 Pennsylvania Ave Lake Placid, FL 33852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Jan</i> Jame Hawbaker 15 Clay St Lake Placid, FL 33852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D C</i> Herbert Crank 14 Lake St Lake Placid, FL 33852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *MELVIN O'DELL* *Melvin L O'Dell Trust* *2-19-03* *863-465-8110*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR