

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91637 004 \*\*\*550.00

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AV

**DOCUMENT # 654143**

1. Entity Name

**FLAD & ASSOCIATES OF FLORIDA, INC.**

Principal Place of Business

**3300 S.W. ARCHER ROAD  
 GAINESVILLE FL 32608**

Mailing Address

**3300 S.W. ARCHER ROAD  
 GAINESVILLE FL 32608**

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

**39-1346633**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**VASCELLARO, MICHAEL P  
 3300 S.W. ARCHER ROAD  
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, MICHAEL C</b>	
STREET ADDRESS	<b>2828 MARSHALL CT STE 200</b>	
CITY-ST-ZIP	<b>MADISON WI 53705</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>VASCELLARO, MIKE P</b>	
STREET ADDRESS	<b>3300 SW ARCHER RD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GILLSTROM, THOMAS H</b>	
STREET ADDRESS	<b>8602 S.W. 5TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>MCGEE, HAROLD</b>	
STREET ADDRESS	<b>4519 N.W. 31ST AVENUE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRAVES, ROBERT</b>	
STREET ADDRESS	<b>644 SCIENCE DRIVE</b>	
CITY-ST-ZIP	<b>MADISON WI 53705</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael C. Peterson*  
**REQUIRE** Michael C. Peterson  
 SECRETARY

5/6/02 608-231-2020  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR