

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 654143

FILED  
Apr 24, 2003  
Secretary of State

Entity Name: FLAD & ASSOCIATES OF FLORIDA, INC.

## Current Principal Place of Business:

3300 S.W. ARCHER ROAD  
GAINESVILLE, FL 32608

## New Principal Place of Business:

## Current Mailing Address:

3300 S.W. ARCHER ROAD  
GAINESVILLE, FL 32608

## New Mailing Address:

FEI Number: 39-1346633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GILLSTROM, THOMAS H  
8602 SW 5TH PLACE  
GAINESVILLE, FL 32608 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: THOMAS H. GYLLSTROM

04/24/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( )

### OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: PETERSON, MICHAEL C.  
Address: 2828 MARSHALL CT STE 200  
City-St-Zip: MADISON, WI 53705

Title: VPD ( ) Delete  
Name: VASCELLARO, MIKE P  
Address: 3300 SW ARCHER RD  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP ( ) Delete  
Name: GYLLSTROM, THOMAS H  
Address: 8602 S.W. 5TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD (X) Delete  
Name: MCGEE, HAROLD  
Address: 4519 N.W. 31ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Delete  
Name: GRAVES, ROBERT  
Address: 644 SCIENCE DRIVE  
City-St-Zip: MADISON, WI 53705

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: PETERSON, MICHAEL C  
Address: 2828 MARSHALL CT STE 200  
City-St-Zip: MADISON, WI 53705

Title: D (X) Change ( ) Addition  
Name: GRAVES, ROBERT G  
Address: 644 SCIENCE DRIVE  
City-St-Zip: MADISON, WI 53711

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. PETERSON

STD

04/24/2003

Electronic Signature of Signing Officer or Director

Date