

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90240 011 \*\*\*\*61.25

**DOCUMENT # 724476**

1. Entity Name

**FLORIDA REGION-AMERICAN SOCIETY OF PHOTOGRAMMETRY**

Principal Place of Business

Mailing Address

C/O GREEBORNE & O'MARA, INC.  
 9800 4TH ST. N., SUITE 202  
 ST. PETERSBURG FL 33702  
 US

C/O GREENHORNE & O'MARA, INC.  
 9800 4TH ST. N., SUITE 202  
 ST. PETERSBURG FL 33702  
 US

714790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O ImageLinks, Inc.  
 Suite, Apt. #, etc.

4450 W. Eau Gallie Blvd  
 Suite 164

City & State

City & State

Sever

Melbourne FL

4. FEI Number

54-1386893

Applied For

Not Applicable

Zip

Country

Zip

Country

32934

US

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

LEARY, TIM  
 IMAGE LINKS, INC.  
 4450 WEST EAU GALLIE BLVD #164  
 MELBOURNE FL 32934

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 re-registering)

2/8/01  
 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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WATTS, CHARLES 327 RIDGEWOOD AVE. HOLLY HILL FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'KEIFE, KATHLEEN 9800 4TH STREET NORTH, SUITE 202 ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACAULAY, GAIL MCGARRY 100 8TH AVE SE ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURROUGHS, BRENDA S. 5850 T.G. LEE BLVD, #650 ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWITT, BEN 346 WAIL HALL GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORENCE, GARY 9800 4TH ST. NORTH, SUITE 202 ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Burrroughs, Brenda S. 2212 S. Chickasaw Trail Orlando, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Leary, Timothy J. 4450 W. Eau Gallie Blvd #164 Melbourne FL 32934	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cameron, James PO Box 24680 West Palm Beach, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Florence, Gary 9800 4th Street N, Suite 202 ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'KEIFE, Kathleen 9800 4th Street N, Suite 202 ST. PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

Timothy J. Leary 2/8/01 321-253-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)