

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745771

1. Entity Name

BLUE/GREY ARMY, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91131 007 ****70.00

Principal Place of Business

150 N ALACHUA ST
PO BOX 2224
LAKE CITY FL 32056-2224

Mailing Address

150 N ALACHUA ST
PO BOX 2224
LAKE CITY FL 32056-2224

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 **59-1896145**

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

BOWLING, FAYE
150 N. ALACHUA ST.
LAKE CITY FL **32055**

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

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 **VD** ☐ Delete
NAME **CURTIS, ROBERT H**
STREET ADDRESS **860 TRACY PLACE**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Betty J. Trawick**
STREET ADDRESS **RT 10 Box 619-2**
CITY-ST-ZIP **lake city 32025**

TITLE **VD** ☐ Delete
NAME **LEVY, ASLPHONSO**
STREET ADDRESS **OLD COLUMBIA CITY RD**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **NULL, R M**
STREET ADDRESS **528 WEST DUVAL ST**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BOWLING, FAYE**
STREET ADDRESS **RT 8 BOX 580**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WEHRLI, GEORGE**
STREET ADDRESS **FAWN DR BOX 1846**
CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CAMPBELL, HARVEY**
STREET ADDRESS **RT 4 BOX 345**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *George W. McKeel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-02

386-755-3814

CR2E037 (9/01)