

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90221 040 \*\*\*\*61.25

**DOCUMENT # 848201**

1. Entity Name

**GULF STATES CONFERENCE ASSOCIATION OF SEVENTH-DA**

Principal Place of Business

Mailing Address

6450 ATLANTA HIGHWAY  
 P.O. BOX 240249  
 MONTGOMERY AL 36124-0249

6450 ATLANTA HIGHWAY  
 P.O. BOX 240249  
 MONTGOMERY AL 36124-0249

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**64-6001060**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCMILLAN, MR. FRANK**  
**655 N. WYMORE ROAD**  
**WINTER PARK FL 32789**

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MILLBURN, DENNIS S</b>	
STREET ADDRESS	<b>5721 JACKSON RD</b>	
CITY-ST-ZIP	<b>WETUMPKA AL 36093</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EISELE, MELVIN K.</b>	
STREET ADDRESS	<b>40 KENNEDY LN.</b>	
CITY-ST-ZIP	<b>COOSADA AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DICKEY, TRISH</b>	
STREET ADDRESS	<b>RT 5 702 S MAIN STREET</b>	
CITY-ST-ZIP	<b>WATER VALLEY MS</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RIMER, FRED</b>	
STREET ADDRESS	<b>185 CHUBBEHATCHEE CIR</b>	
CITY-ST-ZIP	<b>WETUMPKA AL 36093</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTIN, GERALD</b>	
STREET ADDRESS	<b>157 STAR MOUNTAIN</b>	
CITY-ST-ZIP	<b>FLORENCE MS 39073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, ROBIN</b>	
STREET ADDRESS	<b>7011 CHARLSETON OAKS DR N</b>	
CITY-ST-ZIP	<b>MOBILE AL 36695</b>	

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

*Donna Miller* **REQUIRED** TREASURER

4-17-01

334-272-7493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)