

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-06-2002 90085 007 ****71.00

DOCUMENT # 1100000005949

1. Entity Name

Alumni Association, Southeastern School
of Alcohol and Other Drug Studies

DO NOT WRITE IN THIS SPACE

96937

2. Principal Place of Business

3121 Brandywine Dr.
Suite, Apt. #, etc.

3. Mailing Address

3121 Brandywine Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Fla

Zip

32308

Country

U.S

City & State

Tallahassee, Fl

Zip

32308

Country

U.S

4. FEI Number

59-3700493

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles P. Rabaut

Street Address (P.O. Box Number is Not Acceptable)

3121 Brandywine Drive

City

Tallahassee

FL

Zip Code

32308

**DO NOT WRITE
IN THIS SPACE**

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

Charles P. Rabaut

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/2002

FEE IS \$61.25

Initial or Amended UBR

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
Annie B. Berny
231 Elk's Club Road
Quincy, Fla

VP
Gill Weaver
2905 Pierce St #10
Hollywood, Fl 33020

Rusty Gray
530 N. Lakeshore Road
Carrollton, GA 30117

SLAVATER LAW
626 Richard M. Scrushy Parkway
Fairfield, AT 35064

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Annie B. Berny 4/6/2002 850-627-0251

CR2E037B (12/01)