

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90176 002 \*\*\*\*61.25

**DOCUMENT # NO1000007755**

1. Entity Name

**ROOSEVELT ALUMNI ASSOCIATION OF LAKE WALES FLORI  
DA, INC.**

Principal Place of Business

Mailing Address

**230 B STREET  
LAKE WALES FL 33853****230 B STREET  
LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3753218**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	EPPS, LAWRENCE	230 B STREET	LAKE WALES FL 33853				
VD	HAWKINS, ALBERT JR	230 B STREET	LAKE WALES FL 33853				
SD	MAE BAIN, JOHNNIE	230 B STREET	LAKE WALES FL 33853				
TD	JOHNSON, HELEN	230 B STREET	LAKE WALES FL 33853				
D	PITTMAN, ROSEMARY	230 B STREET	LAKE WALES FL 33853				
S	MANLEY, ALICE ASST.	230 B STREET	LAKE WALES FL 33853				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lawrence Epps-President 4/29/02 (863)679-1900**

CR2E037 (9/01)