

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90092 031 ****61.25

DOCUMENT # N41182

1. Entity Name

GREEK ORGANIZATIONS AGAINST DRUGS, INC.

Principal Place of Business

Mailing Address

C/O RICHARD B. GLOVER
 2103 CORTEZ ROAD
 JACKSONVILLE FL 32216

C/O RICHARD B. GLOVER
 2103 CORTEZ ROAD
 JACKSONVILLE FL 32246-2313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3041213

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GLOVER, RICHARD B.~~
 2103 CORTEZ ROAD
 JACKSONVILLE FL 32216

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 Delete
 NAME **D GLOVER, RICHARD B.**
 STREET ADDRESS **2103 CORTEZ RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MITCHELL, HOWARD M**
 STREET ADDRESS **1239 DOWNER DRIVE**
 CITY-ST-ZIP **CHARLESTON SC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PEREZ, ARMANDO**
 STREET ADDRESS **3132 EASTHAVEN DR. S.**
 CITY-ST-ZIP **COLUMBUS OH**

TITLE Change Addition
 NAME
 STREET ADDRESS **8429 LUCERNE DR**
 CITY-ST-ZIP **REYNOLDSBURG, OH 43068**

TITLE Delete
 NAME **D PIERCE, DAVID**
 STREET ADDRESS **202 NW 3RD PLACE**
 CITY-ST-ZIP **GRIMES IA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D EISENHART, GARY**
 STREET ADDRESS **14275 E REED TWP RD 8**
 CITY-ST-ZIP **ATTICA OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

Richard B. Glover **RICHARD B. GLOVER** 3-31-00 (904) 641-0964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)