

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90159 021 *****61.25

0066231

DOCUMENT # N41182

1. Entity Name

GREEK ORGANIZATIONS AGAINST DRUGS, INC.



Principal Place of Business

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

Mailing Address

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

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 **59-3041213**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GLOVER, RICHARD B.	
STREET ADDRESS	2103 CORTEZ RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, HOWARD M	
STREET ADDRESS	1239 DOWNER DRIVE	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, ARMANDO	
STREET ADDRESS	8429 LUCRENE DR	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, DAVID	
STREET ADDRESS	6552 BRADFORD DR.	
CITY-ST-ZIP	WEST DES MOINES IA 50266	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISENHART, GARY	
STREET ADDRESS	14275 E REED TWP RD 8	
CITY-ST-ZIP	ATTICA OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 9046410964

Date

Daytime Phone #

CR2E037 (10/02)