

**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

0068231

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3041213**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03 9046410964  
Date Daytime Phone #

CP2E037 (10/02)