

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000422

1. Entity Name

REALISTS OPPOSING ALLEGED RESTORATION (ROAR), IN

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90008 010 \*\*\*\*61.25

Principal Place of Business	Mailing Address
19590 NW 80TH DRIVE OKEECHOBEE FL 34972-9664	19590 NW 80TH DRIVE OKEECHOBEE FL 34972-9621

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0416021	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THULLBERY, CAROLYN  
19590 N.W. 80TH DRIVE  
OKEECHOBEE FL 34972

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.

SIGNATURE *Carolyn E. Thullbery* DATE *2/2/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VICKERS, AUDREY	
STREET ADDRESS	1825 WRIGHT LANE	
CITY-ST-ZIP	LORIDA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAROL ANN POWELL	
STREET ADDRESS	18250 NW 144TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JORDAN, HELEN	
STREET ADDRESS	19970 N.W. 80TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	S	<input type="checkbox"/> Delete
NAME	THULLBERY, CAROLYN E.	
STREET ADDRESS	19590 NW 80TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGREGOR, JEANITA	
STREET ADDRESS	19425 NW 80TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, RUTH	
STREET ADDRESS	19220 NW 80 DR.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	

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	1 <sup>st</sup> VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, HELEN	
STREET ADDRESS	19970 NW 80TH DR	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	2 <sup>nd</sup> VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA FORTH	
STREET ADDRESS	964 COUNTY RD 721 Lot 174	
CITY-ST-ZIP	LORIDA FL 33857	
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: *Carolyn E. Thullbery* DATE *2/2/00* DAYTIME PHONE # *863-467-6085*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)