

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 19590 NW 80TH DRIVE
OKEECHOBEE FL 34972-9664 OKEECHOBEE FL 34972-9621



DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For
65-0416021 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VICE PRESIDENT JORDAN, HELEN 19970 NW 80TH DR OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VICE PRESIDENT DEBRA FORTH 964 COUNTY Rd 721 Lot 174 LORIDA FL 33857 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date Daytime Phone #

CR2E037 (9/99)