

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
03-20-2001 90082 020 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N93000000422**

1. Entity Name

**REALISTS OPPOSING ALLEGED RESTORATION (ROAR), IN**

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

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 **65-0416021**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THULLBERRY, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VICKERS, AUDREY	
STREET ADDRESS	1825 WRIGHT LANE	
CITY-ST-ZIP	LORIDA FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAROL ANN POWELL	
STREET ADDRESS	18250 NW 144TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TOROAN, HELEN	
STREET ADDRESS	19970 N.W. 80TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	S	<input type="checkbox"/> Delete
NAME	THULLBERRY, 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jordan Helen	
STREET ADDRESS	19970 N.W. 80TH DR	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vickery Audrey	
STREET ADDRESS	1825 WRIGHT LANE	
CITY-ST-ZIP	LORIDA FL	
TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA FRUTH	
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. Thullberry      Date: 03/15/01      Daytime Phone #: 83-467-1085  
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR