NOT-FOR-PROFIT CORPORATION

Mar 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # // 03-07-2003 90139 045 ****61.25 REALIST OPPOSING ALLEGED RESTORATION (ROAR), INC. 10033306 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 19455 80 Ph Ox Suite, Apt. #, etc. 3. Mailing Address 2137 Nav Tuske + Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For OKEECHDSEE SUN CITY 65-0416021 Not Applicable Zip 34972 \$8.75 Additional 5. Certificate of Status Desired *335*73 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 2137 Naw Tueke 7 IN THIS SPACE 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. FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS CP TITLE NAM HELEN JORDAN NW 80 Th DR NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHDBEE CITY-ST-ZIP VICKERS, AUDREY 1825 WRIGHT LANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LORIDA FL 32857 CITY-ST-ZIP TITLE TITLE FRUTH, DEBRA NAME 964 COUNTY Rd 721 LOT 174 LOCION FL 32857 STREET ADDRESS STREET ADDRESS. DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE CHULLBERY CAROLYN E 2137 NANTHERET OR IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE me GALGOR JEANIA 19455 NW 80 M OR STREET ADDRESS 19455 STREET ADDRESS OKEECHOBER GRIFFIN, RUTH (H 19220 MW 804 DR 1522 ChOBEE FL 34972 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 peport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an Thurler

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

2/5/02

FILED