

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90139 045 ****61.25

DOCUMENT # N93000000422

1. Entity Name

REALIST Opposing ALLEGED
RESTORATION (ROAR), Inc.



10033306

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19455 80th Dr
Suite, Apt. #, etc.

2137 NANTUCKET DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

OKEECHOBEE FL

SUN CITY CENTER FL

4. FEI Number

Applied For

Zip

Country

Zip

Country

34972

33573

65-0416021

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CAROLYN E THULLBERY

Street Address (P.O. Box Number is Not Acceptable)

2137 NANTUCKET DR

City

SUN CITY CENTER

FL

Zip Code

33573

**DO NOT WRITE
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.

SIGNATURE Carolyn E Thullbery
CAROLYN E THULLBERY

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

(NOTE: Registered Agent signature required when reinstating)

3/5/03

DATE

FEE IS \$61.25
Initial or Amended UBR

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	<u>PD</u>
NAME	<u>HELEN JORDAN</u>
STREET ADDRESS	<u>19470 NW 80th DR</u>
CITY-ST-ZIP	<u>OKEECHOBEE FL 34972</u>
TITLE	<u>VPO</u>
NAME	<u>VICKERS, AUDREY</u>
STREET ADDRESS	<u>1825 WRIGHT LANE</u>
CITY-ST-ZIP	<u>LORIDA FL 32957</u>
TITLE	<u>ZUP</u>
NAME	<u>FRUTH, DEBRA</u>
STREET ADDRESS	<u>964 COUNTY RD 721 LOT 17X</u>
CITY-ST-ZIP	<u>LORIDA FL 32957</u>
TITLE	<u>SO</u>
NAME	<u>THULLBERY CAROLYN E</u>
STREET ADDRESS	<u>2137 NANTUCKET DR</u>
CITY-ST-ZIP	<u>SUN CITY CENTER FL 33573</u>
TITLE	<u>TO</u>
NAME	<u>MC CALOOL JEANITA</u>
STREET ADDRESS	<u>19455 NW 80th DR</u>
CITY-ST-ZIP	<u>OKEECHOBEE FL 34972</u>
TITLE	<u>GRIFFIN, RUTH (HISTORIAN)</u>
NAME	<u>19220 NW 80th DR</u>
STREET ADDRESS	<u>OKEECHOBEE FL 34972</u>
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn E Thullbery
CAROLYN E THULLBERY

3/5/03 013-124-21167