

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90061 020 ****70.00

DOCUMENT # .N94000002761

1. Entity Name

GRAHAM-ROGALL RESIDENT MANAGEMENT CORPORATION

Principal Place of Business

325 9TH STREET S.
 ST. PETERSBURG FL 33705
 US

Mailing Address

325 9TH STREET S.
 ST. PETERSBURG FL 33705
 US

2. Principal Place of Business

(SAME)

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3253407

Applied For

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

COLLINS, SHARON
 305 9TH STREET SOUTH
 APT. #806
 ST. PETERSBURG FL 33705

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

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

SHARON COLLINS, PRESIDENT

2/13/01
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME COLLINS, SHARON
 STREET ADDRESS 305 9TH ST STE 806
 CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME OTT, SANDRA
 STREET ADDRESS 305 9TH ST SO #1124
 CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME WALSH, WILLIAM
 STREET ADDRESS 305 9TH ST. SO. #801
 CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 119.06(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 677, 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 empowers.

SIGNATURE:

WILLIAM WALSH

William Walsh

2/13/01

727

821-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)