

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-06-2002 90086 008 ****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

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

300 10th ST S #232

Suite, Apt. #, etc.

300 10th ST S #232

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip 33705

Country U.S.A.

Zip 33705

Country U.S.A.

4. FEI Number

59-3253407

Applied For

Not Applicable

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. #808

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.

RMC President
 (NOTE: Registered Agent signature required when reappointing)

Feb. 21, 2002
 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
 NAME COLLINS, SHARON
 STREET ADDRESS 305 9TH ST STE 808
 CITY-ST-ZIP ST. PETERSBURG FL 33705 ☐ Delete

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VICE PRESIDENT D
 NAME LOVERDE, ALBERT
 STREET ADDRESS 305 9TH ST S #502
 CITY-ST-ZIP ST. PETERSBURG FL 33705 ☒ Change ☐ Addition

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

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

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

William Walsh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
 Date

(27) 821-2228
 Daytime Phone #

CR2E037 (9/01)