

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90138 031 \*\*\*\*70.00

**DOCUMENT # N94000002761**

1. Entity Name

**GRAHAM-ROGALL RESIDENT MANAGEMENT CORPORATION**



Principal Place of Business

**300 10TH SOUTH #22**  
**ST. PETERSBURG FL 33705**  
**US**

Mailing Address

**300 10TH SOUTH #22**  
**ST. PETERSBURG FL 33705**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**# 232**

Suite, Apt. #, etc.

**# 232**

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sharon Collins **Sharon Collins President** **3-12-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**  
**Florida 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 **VPD** ☐ Delete  
NAME **LOVERDE, ALAERT**  
STREET ADDRESS **305 9TH ST. SOUTH, #502**  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 119.07(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 **WILLIAM WALSH** **3/12/03 (727) 801-2228**

CR2E037 (10/02)