

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90017 031 \*\*\*\*61.25

**DOCUMENT # N98000002953**

1. Entity Name

**RIGHT ASSOCIATIONS CENTER INC.**

Principal Place of Business

**PO BOX 141  
 CLARKSVILLE FL 32430**

Mailing Address

**PO BOX 141  
 CLARKSVILLE FL 32430**

2. Principal Place of Business

**PO BOX 319**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 319**

Suite, Apt. #, etc.

City & State

**CLARKSVILLE FL**

City & State

**CLARKSVILLE FL**

4. FEI Number

**59-3509797**

Applied For

☐ Not Applicable

Zip

**32430**

Country

**CAHOUN**

Zip

**32430**

Country

**CAHOUN**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COOLEY, BRIAN W  
 RT 1 BOX 110  
 CLARKSVILLE FL 32430**

7. Name and Address of New Registered Agent

Name **BRIAN W. COOLEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18830 N.W. S.R. 73**  
 City **CLARKSVILLE** FL Zip Code **32430**

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

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  
 After September 12, 2001, min. will be \$236.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COOLEY, BRIAN</b>	
STREET ADDRESS	<b>PO BOX 141</b>	
CITY-ST-ZIP	<b>CLARKSVILLE FL 32430</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, RILEY</b>	
STREET ADDRESS	<b>RT 3 BOX 205</b>	
CITY-ST-ZIP	<b>ALTHA FL 32421</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>COOLEY, JUDY</b>	
STREET ADDRESS	<b>PO BOX 141</b>	
CITY-ST-ZIP	<b>CLARKSVILLE FL 32430</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCMILLIAN, SUELLA</b>	
STREET ADDRESS	<b>PO BOX 40</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>RANDOLPH, BERT</b>	
STREET ADDRESS	<b>1416 NE 14R TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>GODWIN, EMORY</b>	
STREET ADDRESS	<b>RT 1 BOX 281</b>	
CITY-ST-ZIP	<b>BLOUNTSTOWN FL 32424</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Brian W. Cooley* **REQUIRED**

8/21/01 (850) 674-4510

CP2E037 (5/01)