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

## DOCUMENT # N9800003291

## G



Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90138 025 \*\*\*\*61.25

**FILED** 

RANDE HARBOR OCEAN CL			
rincipal Place of Business	Mailing Address		
9 EUCLID AVENUE RMINGHAM AL 35213-2906	119 EUCLID AVENUE BIRMINGHAM AL 35213-2906		

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119 EUCLID AVENUE BIRMINGHAM AL 35213-2906 US			119 EUCLID AVENUE BIRMINGHAM AL 35213-2906 US				(	5181 75111 88117 88111 88111 EB111 1		181 F184 F881	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			Ci	City & State			4. FEI Number 5	4. FEI Number 58-2412634 Applied For Not Applicable			
Zip		Country + * *	Zi	p——···	Cou	untry - \ - \	5. Certificate of S	5. Certificate of Status Desired  Fee Required			
6. Name and Address of Current Regist				ered Agent		7. Name and Add	7. Name and Address of New Registered Agent				
-						Name					
WALTERS, ELIZABETH J 221 MCKENZIE AVENUE				Street Address (P.O. Box Number is Not Acceptable)							
PANAMC						City		the State of Florida. I an			
t' SIGNATURE .	Signature, typed or	printed name of registered agent	and title if app	plicable. (NOTE			uired when reinstating)	DATE Make Che	ck Payable		
	FILE NOW:	FEE IS \$61.25		Trust Fund Co			Added to Fees	Florida Depa			
10.	1	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANG	SES TO OFFICERS AND D	IRECTORS IN	10	
TITLE	D			☐ Delete	TITLE	<u> </u>			Change	☐ Addition	
NAME Street address City-St-Zip	KENNEDY, ( 3125 INDEP BIRMINGHAI	endence drive sui	TE 116			E Et adoress -st-zip					
TITLE	D	WI AL 33209		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS ( CITY-ST-ZIP	NALL, J. WA 119 EUCLID BIRMMINGH	ALLACE JR. AVE. AM AL 35213		<del>ಎಎ</del> .ಎಂ. ಆನಾಧನ್		E Et address* = =================================		. سنست کیمنگی بیم پید در	.rr		
TITLE NAME STREET ADDRESS	D REICH, ROB	ERT D JR.		☐ Delete	TITLE NAM STRE				☐ Change	☐ Addition	
CITY-ST-ZIP	119 EUCLID BIRMINGHAI	M AL 35213-2906				-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip				☐ Delete					☐ Change	Addition	

12. I hereby certify that the information supplied with this Tking 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 trusted 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 ap address, with all other like empowered.

SIGNATURE:

4-22-03 (205)879-7720