

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

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

04-17-2003 90632 014 \*\*\*\*61.25

**DOCUMENT # N98000003785**

1. Entity Name

**STRATEGIC POLICIES INSTITUTE, INC.**



Principal Place of Business

**21 AMERICAN BLVD  
ROSSVILLE GA 30741**

Mailing Address

**21 AMERICAN BLVD  
ROSSVILLE GA 30741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0846005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, RICK  
1533 SEABREEZE STREET  
CLEARWATER FL 33756**

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

*Rick Williams*

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

(NOTE: Registered Agent signature required when reinstating)

**3/24/03**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MURPHY, CHARLES DR. 21 AMERICAN BLVD. ROSSVILLE GA 30741</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAROSE, JAMES P 2404 LAKESIDE DRIVE FREDERICK MD 21702</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TURNIPSEED, GEORGE 7242 ROLLING HILLS BLVD MONTGOMERY AL 36116</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TURNIPSEED, LAINEY 7242 ROLLING HILLS BLVD MONTGOMERY AL 36116</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MURPHY, RONALD 21 AMERICAN BLVD. ROSSVILLE GA 30741</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRANCIS, GAIL 1809 E 14TH ST CHATTANOOGA TN 37404</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Del Hamilton, Sr. D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7003 River Run Dr. Chattanooga, TN 37416</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lt. Col. Chad Brown</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2005 W. Beverly St. D Staunton, Va. 24401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jim Prencipe</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2014 Concord Rd North D Chattanooga, TN 37421</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Patty Prencipe</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2014 Concord Rd North D Chattanooga, TN 37421</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Rick Williams* **HIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/03**  
Date

**707-278-6529**  
Daytime Phone #

CR2E037 (10/02)