

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90908 048 \*\*\*150.00

**DOCUMENT # P97000006321**

**1. Entity Name**  
**NOR OF NORTH FLORIDA, INC.**



**Principal Place of Business**  
**260 TURKEY CREEK**  
**ALACHUA FL 32615**  
**US**

**Mailing Address**  
**260 TURKEY CREEK**  
**ALACHUA FL 32615**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **24-3441678**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBINSON, PAMELA R**  
**5400 NW 39TH AVE T-172**  
**GAINESVILLE FL 32606**

**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** Pamela R. Robinson  
Signature, typed or printed name of registered agent and title if applicable

Pamela R. Robinson  
(NOTE: Registered Agent signature required when reinstating)

1/27/03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** **V** ☐ Delete  
**NAME** **ROSZEL, SUE H**  
**STREET ADDRESS** **260 TURKEY CREEK**  
**CITY - ST - ZIP** **ALACHUA FL 32615**

**TITLE** **P** ☐ Delete  
**NAME** **ROBINSON, PAMELA R**  
**STREET ADDRESS** **3728 SW 98TH ST**  
**CITY - ST - ZIP** **GAINESVILLE FL 32608**

**TITLE** **ST** ☐ Delete  
**NAME** **ROSZEL, DANIEL C**  
**STREET ADDRESS** **740 HAWKSBILL ISLAND DR**  
**CITY - ST - ZIP** **SATELLITE BEACH FL**

**TITLE** **V** ☐ Delete  
**NAME** **WEEKS, JENNIFER R**  
**STREET ADDRESS** **340 TURKEY CREEK**  
**CITY - ST - ZIP** **ALACHUA FL 32615**

**TITLE** **V** ☐ Delete  
**NAME** **CASSANO, STEPHANIE**  
**STREET ADDRESS** **260 TURKEY CREEK**  
**CITY - ST - ZIP** **ALACHUA FL 32615**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☒ Change ☐ Addition  
**NAME** 494 Turkey Creek  
**STREET ADDRESS** Alachua, FL 32615  
**CITY - ST - ZIP**

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

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

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

**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 607, 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:** SIGNATURE OF PAMELA R. ROBINSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03  
Date

352-395-5710  
Daytime Phone #

CR2E034 (10/02)