

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000019156**

1. Entity Name

~~GORDON H. GROLAND & ASSOCIATES, P.A.~~
GROLAND & PROCTOR, P.A.



Principal Place of Business
500 E UNIVERSITY AVE
STE C
GAINESVILLE FL 32601

Mailing Address
P.O. BOX 2759
GAINESVILLE FL 32602

2. Principal Place of Business

3. Mailing Address

P. O. Box 2848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

Zip

Zip

32602

Country

U.S.

4. FEI Number

59-3454893

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALZMAN, ANTHONY J
500 E UNIVERSITY AVE. STE A
GAINESVILLE FL 32601**

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
NAME **GROLAND, GORDON H**
STREET ADDRESS **500 E UNIVERSITY AVENUE, STE A**
CITY-ST-ZIP **GAINESVILLE FL 32602**

Delete

TITLE **P**
NAME **GROLAND, GORDON H.**
STREET ADDRESS **500 E. UNIVERSITY AVENUE, STE C**
CITY-ST-ZIP **GAINESVILLE, FL 32602**

Change

Addition

TITLE
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

352-373-4469

Daytime Phone #

Date

CF2E034 (10/02)