

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90001 037 ****61.25

DOCUMENT # 721697

1. Entity Name

TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS

Principal Place of Business

Mailing Address

1604 SAULS ST. (32308)
 P.O. BOX 1533
 TALLAHASSEE FL 32302

P.O. BOX 1533
 P.O. BOX 1533
 TALLAHASSEE FL 32302-1533
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7354786

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDD, MARSHLEA A.
1604 SAULS STREET
TALLAHASSEE FL 32308

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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BROYLES, RITA**
 STREET ADDRESS **1124 SPOTTSWOOD DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
 NAME **P DOZIER, KELLY**
 STREET ADDRESS **1713 MAHAN DRIVE, SUITE C**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE Delete
 NAME **VD MCDANIEL, CAROLE**
 STREET ADDRESS **6985 MCBRIDE PT**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
 NAME **V BOYETTE, MIMI**
 STREET ADDRESS **1979 MARYLAND CIRCLE**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE Delete
 NAME **TD STUART, MAUREEN**
 STREET ADDRESS **1196-B CAPITAL CIRCLE NE**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
 NAME **T KINSEY, JACKIE**
 STREET ADDRESS **1713 MAHAN DRIVE, SUITE C**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE Delete
 NAME **SD TURNER, SANDRA K**
 STREET ADDRESS **2409 TAMARACK AVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
 NAME **S CALLAGHAN, HALLEE**
 STREET ADDRESS **5187 WOODLANE CIRCLE**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D HASTINGS, SUSIE**
 STREET ADDRESS **P.O. BOX 14099**
 CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D MOOR, CORRIE**
 STREET ADDRESS **831 N MONROE STREET**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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: *C. Kelly* **RECKELLY, S. Dozier, President** 1/28/00 850-878-8272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)