

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90083 036 ****61.25

0013892

DOCUMENT # 721697

1. Entity Name
TALLAHASSEE, FLORIDA CHAPTER OF THE NATIONAL ASS

Principal Place of Business 1604 SAULS ST. (32308) P.O. BOX 1533 TALLAHASSEE FLA 32302	Mailing Address P.O. BOX 1533 P.O. BOX 1533 TALLAHASSEE FL 32302 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-7354786		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 Jackie Wilson			
				Street Address (P.O. Box Number is Not Acceptable) 1624 Metropolitan Blvd.			
				City Tallahassee, Fl		FL	

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 *Jackie K. Wilson* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

Jackie K. Wilson (NOTE: Registered Agent Signature required when reinstating)

4/10/01 DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	P DOZIER, KELLY	<input type="checkbox"/> Delete	TITLE NAME	President Donna Marston	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1713 MAHAN DRIVE SUITE C		STREET ADDRESS	4897 Quail Valley	
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE NAME	V BOYETTE, MIMI	<input type="checkbox"/> Delete	TITLE NAME	Vice Hallee Callaghan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1979 MARYLAND CIRCLE		STREET ADDRESS	5187 Woodlane Circle	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE NAME	T KINSEY, JACKIE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1713 MAHAN DRIVE SUITE C		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE NAME	S CALLAGHAN, HALLEE	<input type="checkbox"/> Delete	TITLE NAME	Secretary Amy Newman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5187 WOODLANE CIRCLE		STREET ADDRESS	1624 Metropolitan Blvd.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE NAME	D HASTINGS, SUSIE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 14099		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32317		CITY-ST-ZIP		
TITLE NAME	D MOOR, CORRIE	<input type="checkbox"/> Delete	TITLE NAME	Director Carol Rippee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	831 NORTH MONROE STREET		STREET ADDRESS	1500 Lloyd's Cove Rd.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP	Tallahassee, Fl. 32312	

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: *Jackie Kinsey* **REQUIRED** 3/30/01 (850)878-8272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)