

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 701003**

1. Entity Name

**TALL TIMBERS RESEARCH, INC.**

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

04-13-2000 90031 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

ROUTE 1, BOX 678  
TALLAHASSEE FL 32312

ROUTE 1, BOX 678  
TALLAHASSEE FLA 32312-9984

2. Principal Place of Business

13093 Henry Beadel Drive

Suite, Apt. #, etc.

3. Mailing Address

13093 Henry Beadel Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

4. FEI Number

**59-0952956**

Applied For

Not Applicable

Zip  
32312

Country

Zip  
32312

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

**GREEN, LANE, EXECUTIVE DIRECTOR**  
**RT 1 BOX 678**  
**TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**13093 Henry Beadel Drive**

City  
**Tallahassee**

**FL**

Zip Code  
**32312**

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	IRELAND, KATE	
STREET ADDRESS	13656 TENACITY LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312-9712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANGFORD, LAWTON	
STREET ADDRESS	P.O. BOX 2235	
CITY-ST-ZIP	TALLAHASSEE FL 32304-2235	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOOD, C. MARTIN MRS III	
STREET ADDRESS	RT. 2, BOX 191	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SEDGWICK, WALTER C.	
STREET ADDRESS	20 OLD LA HONDA ROAD	
CITY-ST-ZIP	WOODSIDE CA 94062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Perkins, Leigh H.		
STREET ADDRESS	Route 4, Box 4903		
CITY-ST-ZIP	Monticello FL 32344		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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:

*John Green*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Green, Executive Director

April 11, 2000

Date

Daytime Phone #

CF12E037 (9/99)