

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

0014726

**DOCUMENT # 701003**

1. Entity Name

**TALL TIMBERS RESEARCH, INC.**

04-04-2001 90127 044 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**13093 HENRY BEADEL DR  
 TALLAHASSEE FL 32312**

**13093 HENRY BEADEL DR  
 TALLAHASSEE FL 32312**

2. Principal Place of Business

*Same as above*

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0952956**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GREEN, LANE, EXECUTIVE DIRECTOR  
 13093 HENRY BEADEL DR.  
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

*Same*

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

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	AS	<input type="checkbox"/> Delete
NAME	PERKINS, LEIGH H	
STREET ADDRESS	RTE 4, BOX 4903	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*Same*

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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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/01

850/893-4153

Date

Daytime Phone #

CR2E037 (10/00)