

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90152 006 \*\*\*\*61.25

**DOCUMENT # 701003**

1. Entity Name

**TALL TIMBERS RESEARCH, INC.**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0952956**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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	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 checked="" 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		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	676 Live Oak Lane	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS Webster, Robert C., Jr. Mrs.	
STREET ADDRESS	505 Iamonia Farms Road	
CITY-ST-ZIP	Tallahassee, FL 32312	
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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/15/02

Date

(850) 893-4153

Daytime Phone #

CR2E037 (9/01)