2000 UNIFORM BUSINESS REPORT (UBR)

1/31/00-90012-003-$70.00-$70.00

DOCUMENT # 756629

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MUU140J0

DO NOT WRITE IN THIS SPACE

1. Entity Name

TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 US	C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE FL 32304 US

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 59-2091480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNBULL, MARJORIE
TCC FOUNDATION
444 APPLEYARD DR, S227
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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 _____ DATE

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ED TURNBULL, MARJORIE 444 APPLEYARD DR SUITE 227 TALLAHASSEE FL 32304-2895	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD E D SCHMALING, WININE 2516 CHAMBERLIN DR TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D CASSEDY, MARSHALL DE FREY, INC., 2012-D N. POINT BLVD. TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PAST PRESIDENT D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D ROBERTS, GARY 106 E COLLEGE AVE., STE 770 TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PRESIDENT ELECT D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D'ALEMBERTE, DICK P.O. BOX 66 N/A CHATTAHOOCHEE FL 32324	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD D CUMBIE, TOM 404 LIVE OAK LN HAVANA FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VICE PRESIDENT D BILL VERSIGA P.O. BOX 610 CRAWFORDVILLE, FL 32326	☒ Change ☐ Addition

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: Marjorie Turnbull MARJORIE TURNBULL 1.14.2000 (850) 922-5390

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