2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State
08-14-2001 90006 035 ****61.25

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DOCUMENT # 756629

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 32304-2895 US

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
TURNBULL, MARJORIE TCC FOUNDATION 444 APPLEYARD DR, S227 TALLAHASSEE FL 32304	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
After September 12, 2001, min. will be $236.25

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	ED Turnbull, Marjorie 444 Appleyard Dr. Suite 228 Tallahassee, FL 32304-2895	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHMELING, WININE 2516 CHAMBERLIN DR TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Cumbie, Tom P.O. Box 610 Crawfordville, FL 32326	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD CASSEDY, MARSHALL DE. FREY, INC., 2012-D N. POINT BLVD. TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD Schmeling, Winnie 2516 Chamberlin Dr. Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED ROBERTS, GARY 106 E COLLEGE AVE., STE 770 TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Penson, Ed 924 Summerbrook Dr. Tallahassee, FL 32312	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CUMBIE, TOM P.O. BOX 610 CRAWFORDVILLE FL 32326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Walker, Claude 1983 Center Point Blvd., Ste 200 Tallahassee, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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.

(850) 201-8580

SIGNATURE: Marjorie R. Turnbull MARJORIE R. TURNBULL 8.09.01