

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90453 047 ****61.25

DOCUMENT # 771337

1. Entity Name

TALLHASSEE SOCIETY OF ASSOCIATION EXECUTIVES, I

Principal Place of Business

Mailing Address

**231 LAFAYETTE CIRCLE
TALLHASSEE FL 32303
US**

**P.O. BOX 1139
TALLHASSEE FL 32302-1139
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2368120

Applied For

Not Applicable

Zip

Country

Zip

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

**TOBIN, SUSAN
231 LAFAYETTE ST
TALLHASSEE FL 32303**

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 **PD** Delete
NAME **NORTILLO, DONNA**
STREET ADDRESS **200 E. COLLEGE AVE**
CITY-ST-ZIP **TALLHASSEE FL 32302**

TITLE **PD** Change Addition
NAME **Mr. Glen Barton, CAE**
STREET ADDRESS **2921 Roberts Road**
CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE **TD** Delete
NAME **BODKIN, LARRY**
STREET ADDRESS **335 BEARD ST**
CITY-ST-ZIP **TALLHASSEE FL 32303**

TITLE **TD** Change Addition
NAME **Mr. Lee Huszagh**
STREET ADDRESS **249 East Virginia Street**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **PD** Delete
NAME **BARTON, GLEN**
STREET ADDRESS **2909 ROBERTS AVE**
CITY-ST-ZIP **TALLHASSEE FL 32301**

TITLE **PD** Change Addition
NAME **Ms. Janette Scheff, CMP**
STREET ADDRESS **225 University Center Bldg.C, Ste. 3100**
CITY-ST-ZIP **Tallahassee, FL 32306-2660**

TITLE **VPD** Delete
NAME **SCHEFF, JAN**
STREET ADDRESS **225 UNIVERSITY CTR., #C3100**
CITY-ST-ZIP **TALLHASSEE FL 32306-2660**

TITLE **VPD** Change Addition
NAME **Mr. Bennett Napier, II, CAE**
STREET ADDRESS **1530 Metropolitan Blvd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **PPD** Delete
NAME **WARMACK, ELEANOR**
STREET ADDRESS **411 OFFICE PLAZA DR.**
CITY-ST-ZIP **TALLHASSEE FL 32301**

TITLE **PPD** Change Addition
NAME **Ms. Donna Nortillo, CMP**
STREET ADDRESS **PO Box 10295**
CITY-ST-ZIP **Tallahassee, FL 32302**

TITLE **SD** Delete
NAME **NAPIER, BENNETT**
STREET ADDRESS **4500 SHANNON LAKES PLAZA #1-108**
CITY-ST-ZIP **TALLHASSEE FL 32308**

TITLE **SD** Change Addition
NAME **Ms. Linda Brainard**
STREET ADDRESS **PO Box 469**
CITY-ST-ZIP **Tallahassee, FL 32302-0469**

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

Date

Daytime Phone #

[Handwritten Signature] **4/27/00 8505746665**

CR2E037 (9/99)