

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90090 016 \*\*\*\*61.25

**DOCUMENT # 771337**  
 1. Entity Name  
**TALLHASSEE SOCIETY OF ASSOCIATION EXECUTIVES, I NC.**

Principal Place of Business      Mailing Address  
**231 LAFAYETTE CIRCLE**      **P.O. BOX 1139**  
**TALLHASSEE FL 32303**      **TALLHASSEE FL 32302**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**522 East Park Ave**      **Po Box 1139**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Second Fl**      .  
 City & State      City & State  
**Tallahassee Fl**      **Tallahassee Fl**

4. FEI Number      Applied For  
**59-2368120**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**TOBIN, SUSAN**  
**231 LAFAYETTE ST**  
**TALLHASSEE FL 32303**

7. Name and Address of New Registered Agent  
 Name **ANTONIO T CARVAJAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**522 East Park Ave**  
**2nd Fl**  
 City **Tallahassee**      **FL**      Zip Code **32301**

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 **A.T. Carvajal - Executive Director**      DATE **1/28/02**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRASWELL, RICKI</b> <b>1520 METROPOLITAN BLVD</b> <b>TALLHASSEE FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>KERR, THOMAS</b> <b>P.O. BOX 11117</b> <b>TALLHASSEE FL 32302</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IPP</b> <b>BARTON, GLEN</b> <b>2909 ROBERTS AVE</b> <b>TALLHASSEE FL 32301</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHEFF, JAN</b> <b>225 UNIVERSITY CTR., #C3100</b> <b>TALLHASSEE FL 32306-2660</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BRAINARD, LINDA</b> <b>4839 AUTUMN WOODS WAY</b> <b>TALLHASSEE FL 32303</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <b>NAPIER, BENNETT</b> <b>4500 SHANNON LAKES PLAZA #1-108</b> <b>TALLHASSEE FL 32308</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Tony Carvajal</b> <b>Po Box 10470</b> <b>Tallahassee Fl 32302</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Kathleen Wilson</b> <b>7908 Briarcreek Rd S</b> <b>Tallahassee Fl 32312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IPP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>104 w Jefferson St</b> <b>Tallahassee Fl 32301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Priscilla Trescott</b> <b>Po Box 750</b> <b>Tallahassee Fl 32302-0750</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **A.T. Carvajal - Executive Director**      DATE **1/28/02**      **850-201-8879**

CR2E037 (9/01)