2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# N00000008047

Entity Name: TALL TIMBERS FOUNDATION, INC.

Current Principal Place of Business:

13093 HENRY BEADEL DR
TALLAHASSEE, FL 323129712

New Principal Place of Business:

Current Mailing Address:

13093 HENRY BEADEL DR
TALLAHASSEE, FL 323129712

New Mailing Address:

FEI Number: 59-3681379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, LANE
13093 HENRY BEADEL DR
TALLAHASSEE, FL 323129712

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TC	( ) Delete
Name:	IRELAND, KATE	
Address:	13093 HENRY BEADEL DR	
City-St-Zip:	TALLAHASSEE, FL 323129712	
Title:	TST	( ) Delete
Name:	LANGFORD, A. LAWTON	
Address:	13093 HENRY BEADEL DR	
City-St-Zip:	TALLAHASSEE, FL 323129712	
Title:	TVC	( ) Delete
Name:	SHEA, MICHAEL D	
Address:	13093 HENRY BEADEL DR	
City-St-Zip:	TALLAHASSEE, FL 323129712	
Title:	T	( ) Delete
Name:	WOOD, C. MARTIN III	
Address:	13093 HENRY BEADEL DR	
City-St-Zip:	TALLAHASSEE, FL 323129712	
Title:	T	( ) Delete
Name:	JONKLAAS, ANTHONY	
Address:	13093 HENRY BEADEL DR	
City-St-Zip:	TALLAHASSEE, FL 323129712	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TST	(X) Change ( ) Addition
Name:	BARRON, THOMAS	
Address:	13093 HENRY BEADEL DR	
City-St-Zip:	TALLAHASSEE, FL 323129712	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. BARRON TST 04/24/2003

Electronic Signature of Signing Officer or Director — Date