

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29754

1. Entity Name

AIA TALLAHASSEE, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90008 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

AIA TALLAHASSEE, INC  
P. O. BOX 14132  
TALLAHASSEE FL 32317  
US

AIA TALLAHASSEE, INC  
P. O. BOX 14132  
TALLAHASSEE FL 32317-4132  
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

59-2299347

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

WHITEHEAD, DON  
1960-C BUFORD BLVD  
TALLAHASSEE FL 32308

Name J. Terry Peterson, AIA  
Street Address (P.O. Box Number is Not Acceptable)  
1958-B Commonwealth Lane  
City Tallahassee FL Zip Code 32303

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

J. Terry Peterson, AIA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/00

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	D	<input type="checkbox"/> Delete
NAME	DODSON, JOEL	
STREET ADDRESS	2074 RAYMOND DIEHL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITEHEAD, DON	
STREET ADDRESS	1960-C BUFORD BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERSON, J. TERRY	
STREET ADDRESS	820 EAST PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STURGES, WILL A	
STREET ADDRESS	225 S. ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARLOWE, DOUGLAS	
STREET ADDRESS	313 N MONROE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, BARRY	
STREET ADDRESS	RT 1 BOX 9388 FELLOWSHIP RD	
CITY-ST-ZIP	GAINESVILLE FL 32357	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1958-B Commonwealth Lane	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Firoz R. Mistry	
STREET ADDRESS	496 Dogwood Trail	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

J. Terry Peterson, AIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00

Date

(850) 516-5899

Daytime Phone #

CR2E037 (9/99)