

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

A1A TALLAHASSEE, INC
 P. O. BOX 14132
 TALLAHASSEE FL 32317
 US

A1A 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



DO NOT WRITE IN THIS SPACE

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)

DATE 1/25/00

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: SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/25/00 DAYTIME PHONE # (850) 516-5899

CR2E037 (9/99)