

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90001 038 ****61.25

DOCUMENT # N34079

1. Entity Name

NATIONAL ALLIANCE FOR THE MENTALLY ILL-TALLAHASS

Principal Place of Business

Mailing Address

**%FAYE L. BARNETTE
 2024 DOOMAR DRIVE
 TALLAHASSEE FL 32308**

**%FAYE L. BARNETTE
 2024 DOOMAR DRIVE
 TALLAHASSEE FL 32308-4808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2967900

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARNETTE, FAYE L.
 2024 DOOMAR DRIVE
 TALLAHASSEE FL 32308**

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
 NAME GREENBURG, DAVID
 STREET ADDRESS 501 BLAIRSTONE RD #2203
 CITY-ST-ZIP TALLAHASSEE FL 32301 Delete

TITLE PD
 NAME Livingston, Mimi
 STREET ADDRESS 4823 Bradfordville Rd.
 CITY-ST-ZIP Tallahassee, FL 32308 Change Addition

TITLE SD
 NAME BROWN, PATRICIA
 STREET ADDRESS 3504 SHARER RD
 CITY-ST-ZIP TALLAHASSEE FL 32312 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE TD
 NAME BARNETTE, BOB
 STREET ADDRESS 2024 DOOMAR DR
 CITY-ST-ZIP TALLAHASSEE FL Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE VPD
 NAME FLOYD, WENDY
 STREET ADDRESS RT 5 BOX 5285
 CITY-ST-ZIP MONTICELLO FL 32344 Delete

TITLE VPD
 NAME Bräzzell, John
 STREET ADDRESS 1652 Snowball Way
 CITY-ST-ZIP Tallahassee, FL 32301 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change 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: *Faye L. Barnette* **TEQUIBOB Barnette**

March 16, 2000 850-644-4559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)