

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/4/

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90043 027 \*\*\*\*61.25

**DOCUMENT # N36944**

1. Entity Name

TALLAHASSEE, FLORIDA/SLIGO, IRELAND SISTER CITY

Principal Place of Business

% THE WAREHOUSE  
 706 W. GAINES ST.  
 TALLAHASSEE FL 32304  
 US

Mailing Address

% THE WAREHOUSE  
 706 W. GAINES ST.  
 TALLAHASSEE FL 32304  
 US

75180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCOTT, JAY U  
 706 W. GAINES ST.  
 TALLAHASSEE FL 32304

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: SULLIVAN, JOHN  Delete  
 STREET ADDRESS: 3717 DORSET WAY  
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: PD  Change  Addition  
 NAME: TIMOTHY D. KERNS  
 STREET ADDRESS: 403 NOTTINGHAM CT.  
 CITY-ST-ZIP: TALLAHASSEE, FL. 32312

TITLE: VD  
 NAME: FREASIER, ANNE H.  Delete  
 STREET ADDRESS: 407 JUNIUS ST.  
 CITY-ST-ZIP: THOMASVILLE GA

TITLE: VD  Change  Addition  
 NAME: JANE SCOTT  
 STREET ADDRESS: RT. 4 BOX 4143  
 CITY-ST-ZIP: MONTICELLO, FL. 32344

TITLE: TD  
 NAME: SULLIVAN, JOHN  Delete  
 STREET ADDRESS: 3717 DORSCT WAY  
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: TD  Change  Addition  
 NAME: JAY SCOTT  
 STREET ADDRESS: 1941 GREENWOOD DR.  
 CITY-ST-ZIP: TALLAHASSEE, FL. 32303

TITLE: SD  
 NAME: TENBUS, ERIC  Delete  
 STREET ADDRESS: 2124 ELWOOD TRAIL  
 CITY-ST-ZIP: TALLAHASSEE FL

TITLE: SD  Change  Addition  
 NAME: PAUL BURNS  
 STREET ADDRESS: 2874 MANILA PALM CT.  
 CITY-ST-ZIP: TALLAHASSEE FL 32303

TITLE: D  
 NAME: SCOTT, JAY  Delete  
 STREET ADDRESS: 706 W. GAINES ST.  
 CITY-ST-ZIP: TALLAHASSEE FL 32304

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 *[Signature]*  
 Date Daytime Phone #

CR2E037 (10/00)