

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47201

1. Entity Name

DAMAYAN, INC.

Principal Place of Business

1208 CARRAWAY ST
TALLAHASSEE FL 32308
US

Mailing Address

1208 CARRAWAY ST
#18
TALLAHASSEE FL 32308-5135
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

59-3113153

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

ALSOP, PENNY F.
1208 CARRAWAY ST
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 NAME STREET ADDRESS CITY-ST-ZIP	D, C ALSOP, PENNY F 1208 CARRAWAY ST TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeannette Boyer PO Box 1065, Rt. 1 Tallahassee, FL 32312	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISS, JUDITH 89 GREENBAUGH RD TALLAHASSEE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wendy Chase 6509 Man-o-war Tr. Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAEGON, ALEX 308 NORTH MERIDAN #1 TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kelly Horn 415 E. Call St. Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, SUSAN 1513 ATAPHA NENE TALLAHASSEE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Liz Mastrapa 645 Beard St. Tallahassee, FL 32304	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, SUSAN 8824B FREEDOM ROAD TALLAHASSEE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laura Phipps RT. 9 Box 125 Tallahassee, FL 32304	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Russell Swanson 1917 Atapha Nene Tallahassee, FL 32301	☐ 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

4/27/00 850 921-1418

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90199 040 ****61.25



DO NOT WRITE IN THIS SPACE