

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 08:00 AM
Secretary of State

DOCUMENT # N93000005145

1. Entity Name
TALLAHASSEE LENDERS' CONSORTIUM, INC.

Principal Place of Business
 1114 EAST TENNESSEE ST
 TALLAHASSEE FL 32308 US

Mailing Address
 1114 EAST TENNESSEE ST
 TALLAHASSEE FL 32308 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
59-3212709
 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
KETCHAM PATTI
 1114 EAST TENNESSEE ST
 TALLAHASSEE FL 32308 US

7. Name and Address of New Registered Agent
 Name
LOVE DEBORAH
 Street Address (P.O. Box Number is Not Acceptable)
 1114 EAST TENNESSEE ST
 City
TALLAHASSEE FL Zip Code
 32308

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 **DEBORAH LOVE** DATE **01/25/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEEDEN SHARON 2720 W TENNESSEE ST TALLAHASSEE FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GAINES IRENE 4049 KILMARTIN DR TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete REISTER ROB 7594 SKIPPER LANE TALLAHASSEE FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CUSTIS THURMAN 833 LIBERTY STREET TALLAHASSEE FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete HARRISON DAN 1859-B CAPITAL CIRCLE NE TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete COCHRAN TOMMIE 2208 WOODLAWN DR TALLAHASSEE FL 323033915

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOBBS TAMEKA 525 DUNN STREET TALLAHASSEE FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FRANKLIN PENNY 2920 KERRY FOREST PARKWAY TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PHILLIPS AMY 2727 APALACHEE PARKWAY TALLAHASSEE FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARROLL ADDIE 615 ACORN GROVE COURT TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WEEDEN SHARON E P. O. BOX 2275 TALLAHASSEE FL 32316

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.

C:\BREV\2000

STEPHEN M. DONELAN, DIRECTOR
925 E. MAGNOLIA DRIVE, G-4

TALLAHASSEE, FLORIDA 32301

FAYE LAMB, DIRECTOR
1170 CAPITAL CIRCLE, N. E.

TALLAHASSEE, FLORIDA 32301