

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000811

1. Entity Name

TALLAHASSEE BARE-DEVILS, INCORPORATED

Principal Place of Business

P.O. BOX 6866
TALLAHASSEE FL 32314

Mailing Address

P.O. BOX 6866
TALLAHASSEE FL 32314

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

59-3303901

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

LEVALLEY, PAUL
909 STILL COURT
TALLAHASSEE FL 32310

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 LEVALLEY, PAUL
STREET ADDRESS 909 STILL COURT
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME HALEY, E. STEVE
STREET ADDRESS 3354 THOMAS BUTLER ROAD
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME STUART, DOUGLAS K
STREET ADDRESS 3204 BEACON STREET
CITY-ST-ZIP TALLAHASSEE FL

☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90048 025 ****61.25

818476



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment

~~NOTE FOR LEON COUNTY CITIZEN ACADEMY~~
ALLUMNI ASSOCIATION

Annual Report for 2001

Treasurer : John Schmidt (reported in 2000)
was NOT listed on the 2001 form submitted by
your office .

X

DO # 1498000005976
Stamp # 818475