

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0014044

DOCUMENT # N96000004745

04-30-2001 90048 034 ****61.25

1. Entity Name

TALLAHASSEE AREA CHAPTER OF THE NATIONAL INSTITU

Principal Place of Business

PO BOX 922
 TALLAHASSEE FL 32302-0922

Mailing Address

PO BOX 922
 TALLAHASSEE FL 32302-0922

(3 2 3 0 3)



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

31-1578267

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

ROGERS, CLARK
790 BLUEBERRY DR
GRAND RIDGE FL 32442

7. Name and Address of New Registered Agent

Name **Lisa Sweet**
 Street Address (P.O. Box Number is Not Acceptable) **825 Ingleside Avenue**
 City **Tallahassee FL** Zip Code **32303**

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

[Handwritten Signature]

4/25/01

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	<input checked="" type="checkbox"/> D ROGERS, CLARK 790 BLUEBERRY DR GRAND RIDGE FL 32442	<input type="checkbox"/> Delete Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D CALLAWAY, DAVID 6416 KINGMAN TRAIL TALLAHASSEE FL 32308	<input type="checkbox"/> Delete Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> T SWEET, LISA 825 INGLESIDE AVE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> S YOWN, PEGGY RR 3 BOX 140-D2 MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D WRIGHT, ARTHUR 1649 COPPERFILED CIRCLE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D ALCORN, GWEN 2640 NEZ PERCE TRAIL TALLAHASSEE FL 32303	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V Ralph Wilder 2223 Belle Meade Way Tallahassee FL 32304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D Barbara Chong 3141 Sharet Road Tallahassee FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D Bill Spencer 4127 White Pine Ct Tallahassee FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D Tim Ellnor 2169 Pineland Drive Tallahassee FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> D Keith Roberts 2284 Miccosukee Rd Tallahassee FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE:

[Handwritten Signature]

4/25/01

80 414 4393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (10/00)