

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005677

1. Entity Name

NSBE TALLAHASSEE ALUMNI EXTENSION, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90002 010 \*\*\*\*61.25

Principal Place of Business

3943 MAGELLAN TRAIL  
TALLAHASSEE FL 32303

Mailing Address

3943 MAGELLAN TRAIL  
TALLAHASSEE FL 32303

2. Principal Place of Business

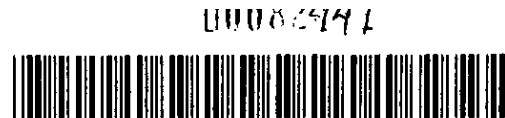
8701 Minnow Creek Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6221

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-3413654

Applied For

Not Applicable

Zip

32312

Country

US

Zip

32314

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER-GARVIN, WANDA  
3943 MAGELLAN TRAIL  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Arlecia Lewis

Street Address (P.O. Box Number is Not Acceptable)

8701 Minnow Creek Drive

City

Tallahassee,

FL

Zip Code

32312

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

Arlecia Lewis President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-29-00

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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 TT  
NAME PARKER-GARVIN, WANDA  
STREET ADDRESS 3943 MAGELLAN TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE VPT  
NAME ASHWOOD, JANET  
STREET ADDRESS P.O. BOX 5232  
CITY-ST-ZIP TALLAHASSEE FL 32314 ☒ Delete

TITLE CHP  
NAME LEWIS, ALECIA  
STREET ADDRESS P.O. BOX 6221  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE ST  
NAME BANKS, JEANNE  
STREET ADDRESS 5043 B LEACH LANE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer  
NAME Janet Ashwood  
STREET ADDRESS P.O. Box 5232  
CITY-ST-ZIP Tallahassee, FL 32314 ☒ Change ☐ Addition

TITLE Vice President  
NAME Andrew Lawyer  
STREET ADDRESS 8834 Sapphire Drive  
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

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

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

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

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:

Janet Ashwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00 850/921-9253

Date

Daytime Phone #

CR2E037 (5/00)