

DOCUMENT # 233514
 1. Entity Name
TALLEYRAND PROPERTIES, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90010 016 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
400 BLK TALLEYBRAND NW AREA
P.O. BOX 47663
JACKSONVILLE FL 32247-4763
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 **59-0900674** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERLISI, JOHN
11667 MANDARIN FOREST DR.
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	FERLISI, JOHN F.
STREET ADDRESS	11667 MANDARIN FOREST DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input type="checkbox"/> Delete
NAME	JORDAN, MARIANNE F.
STREET ADDRESS	1049 NICHOLSON RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VPD <input type="checkbox"/> Delete
NAME	ROLLINS, MARSHA F.
STREET ADDRESS	24512 LOS SERRONAS DR.
CITY-ST-ZIP	LAGUNA NIGUEL CA
TITLE	TD <input type="checkbox"/> Delete
NAME	FERLISI, JOSEPHINE P.
STREET ADDRESS	4119 PALOMA PT CT
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John F. Ferlisi* **John F. FERLISI** 1/05/01 (904) 306-0081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

