

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 296541

1. Entity Name

THE COURTESY CORPORATION OF TALLAHASSEE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90100 027 ***150.00

Principal Place of Business

5011 W. TENNESSEE STREET
TALLAHASSEE FL 32316

Mailing Address

P.O. BOX 2804
TALLAHASSEE FL 32316-2804

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1853 Capital Circle N.E.

Suite, Apt. #, etc.

Suite E

City & State

Tallahassee, FL

Zip

32308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1101724

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

JORDAN, BARBIE
1945 SAN DAMIEN ROAD
TALLAHASSEE FL 32303

Name

STACEY KOLKA

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

8390 CHICKASAW TRAIL

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

Stacey T. Kolka

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

(NOTE: Registered Agent signature required when reinstating)

4/4/00

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC SHOVLAIN, H E JR 4795 LANCASHIRE LN. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHOVLAIN, LOIS 4795 LANCASHIRE LN. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JORDAN, BARBIE 1945 SAN DAMIEN ROAD TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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

13. 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 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:

Stacey T. Kolka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/00

Date

850-671-8275

Daytime Phone #

CR2E034 (9/99)