2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 17, 2001 8:00 am Secretary of State **DOCUMENT # 422592** 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE BOOKSTORE, INC. 01-17-2001 90067 018 ***150 00 Principal Place of Business Mailing Address INC. 446 APPLEYARD DRIVE 446 APPLEYARD DRIVE 000000 TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1461478 Not Applicable Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WIER, CARLTON Y. Street Address (P.O. Box Number is Not Acceptable) 2502 BETTON WOODS DR. TALLAHASSEE FL 32312 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE TITLE WIER, CARLTON Y NAME NAME STREET ADDRESS STREET ADDRESS 2502 BETTON WOODS DR. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Change ☐ Addition ∠ Delete TITLE TITLE NAME NAME WIER, BRIAN S STREET ADDRESS STREET ADDRESS 1986 BUSHY HALL RD 196 Bushy Hall RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS 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)(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.

Mex CARLTONY. WIBR SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR