

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465683

1. Entity Name

THE TALLAHASSEE STATE BANK

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90015 010 ***150.00

Principal Place of Business

Mailing Address

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE FL 32316

2720 WEST TENNESSEE STREET
P. O. BOX 2275
TALLAHASSEE FL 32316-2275

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1562868

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

7. Name and Address of New Registered Agent

MOORE, W. BOOKER
736 SOUTH RIDE
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	STITH, MELVIN	
STREET ADDRESS	2588 NOBLE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEEDEN, SHARON	
STREET ADDRESS	3881 PADDOCK DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, CHARLES R.	
STREET ADDRESS	1731 ARMISTEAD PLACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DEVANE-KIGHT, MELODY	
STREET ADDRESS	1349 LAWDALE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLAWAY, JIMMIE	
STREET ADDRESS	3031 LAKESHORE DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, DON	
STREET ADDRESS	2610 LOTUS DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Sharon Weeden	
STREET ADDRESS	3049 O'Brien Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied in this 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 thereof; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address. **PLEASE SIGN**

SIGNATURE:

W. Booker Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #