

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90074 045 ***150.00

MAKING A

DOCUMENT # 465683

1. Entity Name

THE TALLAHASSEE STATE BANK

Principal Place of Business

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

Mailing Address

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

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

59-1562868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, W. BOOKER
516 S RIDE
TALLAHASSEE FL 32303**

Name

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

City

FL

Zip Code

2991750000

7855000-8

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, 2002 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** ☐ Delete
NAME: **STITH, MELVIN**
STREET ADDRESS: **2588 NOBLE DR.**
CITY-ST-ZIP: **TALLAHASSEE FL**

TITLE: **DIRECTOR** ☐ Change ☒ Addition
NAME: **SHARON WEEDEN**
STREET ADDRESS: **3049 OBRIEN DRIVE**
CITY-ST-ZIP: **TALLAHASSEE, FL. 32309**

TITLE: **D** ☐ Delete
NAME: **GARDNER, CHARLES R.**
STREET ADDRESS: **1731 ARMISTEAD PLACE**
CITY-ST-ZIP: **TALLAHASSEE FL**

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

TITLE: **VS** ☐ Delete
NAME: **DEVANE-KIGHT, MELODY**
STREET ADDRESS: **1349 LAWNDALE RD**
CITY-ST-ZIP: **TALLAHASSEE FL**

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

TITLE: **D** ☐ Delete
NAME: **CALLAWAY, JIMMIE**
STREET ADDRESS: **3031 LAKESHORE DR.**
CITY-ST-ZIP: **TALLAHASSEE FL**

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

TITLE: **D** ☐ Delete
NAME: **BEVERLY, JOE E**
STREET ADDRESS: **1132 GORDON AVE**
CITY-ST-ZIP: **THOMASVILLE GA 31792**

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

TITLE: **D** ☐ Delete
NAME: **CROOMS, JEFFREY W**
STREET ADDRESS: **1232 PENNY LANE**
CITY-ST-ZIP: **TALLAHASSEE FL 32312**

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 850-205-5161

Date Daytime Phone #

CR2E034 (9/01)