

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**  
 03-25-2000 90004 011 \*\*\*\*61.25

**DOCUMENT # 700290**  
 1. Entity Name  
**FIRST PRESBYTERIAN CHURCH OF TALLAHASSEE, INC.**

Principal Place of Business TALLAHASSEE INC 102 N. ADAMS ST. TALLAHASSEE FL 32301-7718	Mailing Address 110 N ADAMS ST 102 N. ADAMS ST. TALLAHASSEE FLA 32301 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-0651083</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CLARY, LOWELL**  
**2186 OLIVIA DR**  
**TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent  
 Name **Robley William Haley**  
 Street Address (P.O. Box Number is Not Acceptable) **5608 Mossy Top Way**  
 City **Tallahassee** FL Zip Code **32303**

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 *Robley William Haley* DATE **March 10, 2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE V NAME CLARY, LOWELL STREET ADDRESS 2106 OLIVIA DR CITY-ST-ZIP TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE D NAME L'AMOREAUX, RAY STREET ADDRESS 1124 CAMELLIA DR CITY-ST-ZIP TALLAHASSEE FL 32301-4652	<input type="checkbox"/> Delete
TITLE ST NAME HAWKES, LOISE STREET ADDRESS 565 OAKLAND AVE CITY-ST-ZIP TALLAHASSEE FL 32301-4467	<input type="checkbox"/> Delete
TITLE D NAME ROSE, DOROTHY A STREET ADDRESS 1310 GOLF TERRACE CITY-ST-ZIP TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE V NAME RICCARDI, ANN M STREET ADDRESS 2006 W RANDOLPH CIR CITY-ST-ZIP TALLAHASSEE FL 32312-3349	<input checked="" type="checkbox"/> Delete
TITLE D NAME HIGHTOWER, ROBERT S STREET ADDRESS 1340 PEACEFIELD CITY-ST-ZIP TALLAHASSEE FL 32312	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Robley William Haley</b> <b>5608 mossy Top Way</b> <b>Tallahassee, FL 32303-6917</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Margaret K. Maeter</b> <b>3012 Brandemere</b> <b>Tallahassee, FL 32312-2438</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Richard Dolan</b> <b>3113 Brandywine Dr.</b> <b>Tallahassee, FL 32312-3201</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Robley William Haley* DATE: **March 10, 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)