

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90159 024 ****61.25

DOCUMENT # 707039

1. Entity Name

BUILDING TRUSTEES FOR CHRISTIAN SCIENCE ORGANIZATION AT FLORIDA STATE UNIVERSITY, INC.



Principal Place of Business

**7412 HEIDE HILL TRACE
TALLAHASSEE FL 32312
US**

Mailing Address

**7412 HEIDE HILL TRACE
TALLAHASSEE FL 32312
US**

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 **59-2854142**

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

**TALLMAN, JANE
7412 HEIDE HILL TRACE
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT	<input type="checkbox"/> Delete
NAME	TALLMAN, JANE	
STREET ADDRESS	7412 HEIDE HILL TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, KAREN	
STREET ADDRESS	3036 BANKS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MIRIAM	
STREET ADDRESS	535 W. COLLEGE AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENSON, MARY	
STREET ADDRESS	3644 BARBARY DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHOLTZ, LOIS	
STREET ADDRESS	3969 GAFFNEY LOOP	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MARILYN REASON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	535 W. College Ave	
STREET ADDRESS	TALLAHASSEE, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-29-03

850-894-5796

CR2E037 (10/02)