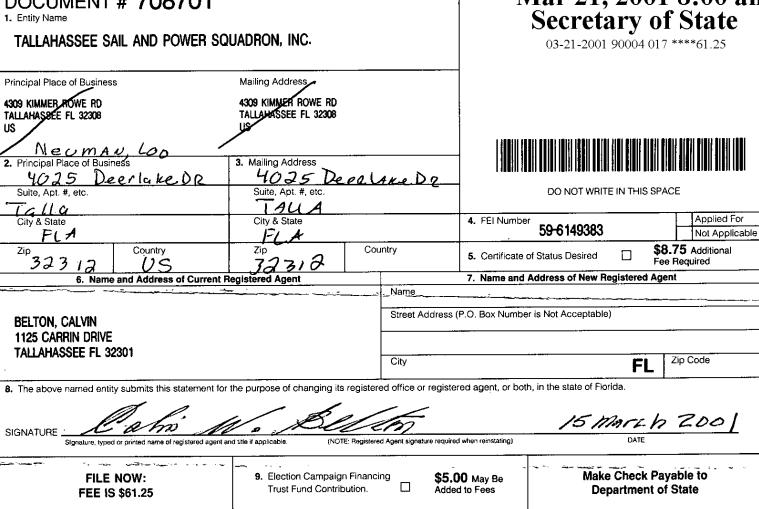
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 708701

FILED Mar 21, 2001 8:00 am Secretary of State



	FILE NOW: FEE IS \$61.25	9. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees		k Payable to ent of State	:_ • · · ·
10.	0. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	Delete	TITLE	P		Change	☐ Addition
NAME	DESILETS, JOHN	• •	NAME	New man, LO	טי		
STREET ADDRESS	4309 KIMMER ROWE DR		STREET ADDRESS	4025 Deere	Ave. Dr		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	New MAN, LO 4025 Deens Talla FLA	32312		
TITLE	Ρ	Delete	TITLE	Ρ.		Change	Addition
NAME	FORD, JAMES SR		NAME	Peck, Will	19mC	•	,
STREET ADDRESS	2029 N MERIDIAN RD		STREET ADDRESS	Peck, Will 3459 Chan	blee Rof		
CITY-ST-ZIP	-TALLAHASSEE FL 32303		CITY-ST-ZIP	Talla PL			
TITLE	DT	Delete	TITLE	DT		Change Change	Addition
NAME	WRODA, RICHARD	•	NAME	Tterlikki	s LAMBROS	•	
STREET ADDRESS	DRESS 2415 OLD ST AUGUSTINE RD #634			2037 Wald	s, LAMBROS ridge DR		
CITY-ST-ZIP	TALLAHASSEE FL 32301		CITY-ST-ZIP	Talla FLA	32303		
TITLE	DT	Delete	TITLE	DT .	_	Change	Addition
NAME	DESILETS, LINDA		NAME	Joves, Roc	I PASS TRL	- A	
STREET ADDRESS	4309 KIMMER ROWE DRIVE		STREET ADDRESS	6920 From	420 17ASS IRL		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP	Talla FCA	32308		
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	BELTON, CALVIN W.		NAME				
STREET ADDRESS	1125 CARRIN DRIVE		STREET ADDRESS		•		
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP		40 t		
TITLE	P	Delete	TITLE	CE ED	_	Change	Addition
NAME	FORD, JAMES SR		NAME	CLACY ELS	ieR.	*	
STREET ADDRESS	2029 N MERIDAN RD		STREET ADDRESS	1125 Semer	deve		

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 a particular state of the corporation of the corporation or the receiver or trustee empowered.

CITY-ST-ZIP

Talla PLA

SIGNATURE:

TALLAHASSEE FL 32308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 March 01 850/487821

3230

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