

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713039

1. Entity Name

THE TALLAHASSEE ALUMNI CHAPTER OF KAPPA ALPHA PS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2076 WHITE ASH WAY  
TALLAHASSEE FL 32308  
US

P.O. BOX 6895  
TALLAHASSEE FL 32314

2. Principal Place of Business

2047 Summer Ln  
Suite, Apt. #, etc.  
Tallahassee Florida  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

23-7279549

Applied For

Not Applicable

Zip  
32310

Country  
Leon

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

LANE, ERNEST J.  
2076 WHITE ASH WAY  
TALLAHASSEE FL 32308

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

*Ernest J. Lane*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/9/2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, ERNEST J. 2076 WHITE ASH WAY TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRINGTON, ALVIN L. P.O. BOX 38249 N/A TALLAHASSEE FL 32315	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERGUSON, CLEVELAND III 2959 APALACHEE PKWY., D-25 TALLAHASSEE FL 32301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAYSON, JOHN M. 6646 MAN-O-WAR TRAIL TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, CORNELL 1682 JAYDELL CIRCLE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINS, HAMILTON JR. 2600 POTSDAMER STREET TALLAHASSEE FL 32310	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003368166-3 -08/23/00--01016--008 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Sec Cummings, Cornell 1682 Jaydell Cir Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Perry Marvin, Sr. 3169 Lookout Trail Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Hamilton, John 3440 Gentle Wind Way Tallahassee, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Moore, Donald 279 State Drive Tallahassee, FL 32312

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(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:

*Cornell Cummings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3/2000

Daytime Phone #

850-942-7823

CR2E037 (5/00)