

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 713039**

1. Entity Name

THE TALLAHASSEE ALUMNI CHAPTER OF KAPPA ALPHA PS

Principal Place of Business

**2047 SUMMER LANE
TALLAHASSEE FL 32310
US**

Mailing Address

**P.O. BOX 6895
TALLAHASSEE FL 32314**

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

23-7279549

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

**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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LANE, ERNEST J. | |
| STREET ADDRESS | 2076 WHITE ASH WAY | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BARRINGTON, ALVIN L. | |
| STREET ADDRESS | P.O. BOX 38249 N/A | |
| CITY-ST-ZIP | TALLAHASSEE FL 32315 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CUMMINGS, CORNELL | |
| STREET ADDRESS | 1682 JAYDELL CIRCLE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MARVIN, PERRY SR. | |
| STREET ADDRESS | 3169 LOOKOUT TRAIL | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAMILTON, JOHN | |
| STREET ADDRESS | 3448 GENTLEWIND WAY | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOLLINS, HAMILTON JR. | |
| STREET ADDRESS | 2600 POTSDAMER STREET | |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 | |

| | | |
|----------------|--|---|
| 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:

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

1/5/01

850-922-4444

Daytime Phone #

0014823

CR2E037 (10/00)