

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90108 015 *****61.25

DOCUMENT # 721744

1. Entity Name

APALACHEE PRESS, INC.



Principal Place of Business

**4541 PECAN BRANCH
TALLAHASSEE FL 32302
US**

Mailing Address

**4541 PECAN BRANCH
TALLAHASSEE FL 32302
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 **59-1801633**

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

**NEWTON, LAURA
4541 PECAN BRANCH
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. 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	D	☐ Delete
NAME	HAMBY, BARBARA	
STREET ADDRESS	1168 SEMINOLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PTD	☐ Delete
NAME	NEWTON, LAURA	
STREET ADDRESS	4541 PECAN BRANCH	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VSD	☐ Delete
NAME	RYALS, MARY JANE	
STREET ADDRESS	4130 BUTTERCUP WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	Michael Trammell	
STREET ADDRESS	4130 Buttercup Way	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	☐ Change ☒ Addition
NAME	Melanie Rawls Abrams	
STREET ADDRESS	1552 Coombs Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

2/24/03

942 5041

CR2E037 (10/02)