

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726606

1. Entity Name

THE EPISCOPAL FOUNDATION OF TALLAHASSEE, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90276 006 ****61.25

Principal Place of Business

Mailing Address

211 N. MONROE STREET
TALLAHASSEE FL 32301

211 N. MONROE STREET
TALLAHASSEE FL 32301-7619

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

59-2917710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VARN, WILFRED C.~~
~~305 SOUTH GADSDEN STREET~~
~~TALLAHASSEE FL 32301~~

Name Frank S. Shaw, III

Street Address (P.O. Box Number is Not Acceptable)
3520 Thomasville Road, 4TH FLOOR

City Tallahassee,

FL

Zip Code
32308

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:
FEES 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 ☐ Delete
NAME PD
STREET ADDRESS DUDLEY, ERIC D.
CITY-ST-ZIP 211 NORTH MONROE STREET
TALLAHASSEE FL

TITLE ☒ Delete
NAME VD
STREET ADDRESS SCHWARTZ,
CITY-ST-ZIP 2253 ARMSTEAD ROAD
TALLAHASSEE FL

TITLE ☒ Delete
NAME STD
STREET ADDRESS ASKER, ALAN
CITY-ST-ZIP 4715 PINTAIL DRIVE
TALLAHASSEE FL

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS Proctor, Palmer
CITY-ST-ZIP 1172 Mosswood Chase
Tallahassee, FL 32312

TITLE ☒ Change ☐ Addition
NAME STD
STREET ADDRESS Wadsworth, Sosie
CITY-ST-ZIP 706 S. Ride
Tallahassee, FL 32303

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

5-17-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200: 7 (9/99)