

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90327 028 ****61.25

C0049773

DO NOT WRITE IN THIS SPACE

DOCUMENT # 730242 ✓
1. Entity Name
THE FURNAL CONSUMER ASSOCIATION
OF LEON COUNTY, INC.

Principal Place of Business **Mailing Address**
1006 BUENA VISTA DRIVE
TALLAHASSEE, FLORIDA 32304-1810

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

59-2355002

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

CHARLES W. SWAIN
1006 BUENA VISTA DRIVE
TALLAHASSEE FL 32304-1810

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 **PD** ☐ Delete
NAME **LUEBKEMANN HEINZ**
STREET ADDRESS **3004 BROOKMONT DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **VPD** ☐ Delete
NAME **MURPHY JOHN I.S.**
STREET ADDRESS **410 VICTORY GARDEN DR 127**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **SD** ☐ Delete
NAME **SWAIN CHARLES W.**
STREET ADDRESS **1006 BUENA VISTA DR**
CITY-ST-ZIP **TALLAHASSEE FL 32304-1810**

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

TITLE **TD** ☐ Delete
NAME **HUTCHINSON LADONNA**
STREET ADDRESS **1902 ROSEDALE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☐ Delete
NAME **PHIFER GREGG**
STREET ADDRESS **1584 MARION AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☐ Delete
NAME **OAKSFORD EDWARD T**
STREET ADDRESS **2520 HARRIMAN CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

☐ Change ☐ Addition
TITLE
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:

Charles W. Swain [Charles W. Swain]

April 11, 2001 (850) 224-2082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)