

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90018 013 *****61.25

DOCUMENT # 739616

1. Entity Name

TALLAHASSEE MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2415 N. MONROE STREET
MALL OFFICE, TALLAHASSEE MALL
TALLAHASSEE FL 32303**

**2415 N. MONROE ST.
TALLAHASSEE FL 32301**

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

59-1394022

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

**RENNINGER, DAVID
2415 N. MONROE STREET
TALLAHASSEE FL 32303**

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	CHATBURN, VICKI	
STREET ADDRESS	2415 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENNINGER, DAVID	
STREET ADDRESS	2415 N. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHESNUTT, HEIDI	
STREET ADDRESS	2415 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RATHINGTON, VINCE	
STREET ADDRESS	2415 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, TONY	
STREET ADDRESS	2415 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANGLEY, LINDA	
STREET ADDRESS	2415 N MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Daytime Phone #

CR2E037 (9/01)