(850)201-85PA

FILED

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

indicated on the changed, or on

SIGNATURE

nment with an address, with all other like empowered.

## Aug 14, 2001 8:00 am Secretary of State **DOCUMENT # 756629** 1. Entity Name TALLAHASSEE COMMUNITY COLLEGE FOUNDATION, INC. 08-14-2001 90006 035 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O MARJORIE TURNBULL C/O MARJORIE TURNBULL TCC FOUNDATION, 444 APPLEYARD DRIVE TCC FOUNDATION, 444 APPLEYARD DRIVE TALLAHASSEE FL 32304-2895 TALLAHASSEE FL 32304-2895 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2091480 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TURNBULL, MARJORIE TCC FOUNDATION 444 APPLEYARD DR. S227 TALLAHASSEE FL 32304 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Change Addition TURNBULL, MARJORIE NAME NAME Turnbull, Marjorie STREET ADDRESS 444 APPLEYARD DR SUITE 227 STREET ADDRESS 444 Appleyard Dr. Suite 228 CITY-ST-ZIP <u>Tallahassee, FL 32304-2895</u> CITY-ST-7IP TALLAHASSEE FL 32304-2895 ☐ Addition ☐ Delete TITLE TITLE PD NAME SCHMELING, WININE NAME Cumbie, Tom 2516 CHAMBERLIN DR STREET ADDRESS STREET ADDRESS P.O. Box 610 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 Crawfordville, FL 32326 TITLE Delete TITI F ☐ Addition CASSEDY, MARSHALL NAME NAME Schmeling, Winnie STREET ADDRESS DE. FREY, INC., 2012-D N. POINT BLVD. STREET ADDRESS 2516 Chamberlin Dr CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL <u>Tallahassee, FL</u> PED TITLE ☐ Delete TITLE ☐ Addition PED ROBERTS, GARY NAME NAME Penson, Ed STREET ADDRESS 106 E COLLEGE AVE., STE 770 STREET ADDRESS 924 Summerbrook Dr CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP <u>Tallahassee, FL</u> VD Addition TITLE ☐ Delete TITLE VD ☐ Change **CUMBIE, TOM** NAME Walker, Claude STREET ADDRESS P.O. BOX 610 STREET ADDRESS 1983 Center Point Blvd., Ste 200 CITY-ST-ZIP CRAWFORDVILLE FL 32326 CITY-ST-ZIP Tallahassee, FL 32308 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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 12. I hereby cer