

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90110 026 ****61.25

DOCUMENT # 760136

1. Entity Name

THE TALLAHASSEE BACH PARLEY, INC.



Principal Place of Business

**1127 VICTORY GARDEN DR
TALLAHASSEE FL 32301**

Mailing Address

**1127 VICTORY GARDEN DR
TALLAHASSEE FL 32301**

2. Principal Place of Business

4248 CHARLES SAMUEL DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4248 CHARLES SAMUEL DRIVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number **59-2209177**

Applied For

Not Applicable

Zip

Country

32308 USA

Zip

Country

32308 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOUWENAAR, KARYL J.
1127 VICTORY GARDEN DR
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
CHARLES E. BREWER

Street Address (P.O. Box Number is Not Acceptable)

4248 CHARLES SAMUEL DRIVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

CHARLES E. BREWER, PRES

3/4/03
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

TITLE **P S** ☐ Delete

NAME **BREWER, CHARLES E**
STREET ADDRESS **4248 CHARLES SAMUEL DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TD** ☒ Delete

NAME **APPLEGATE, PATRICIA C**
STREET ADDRESS **1126 LOTHIAN DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete

NAME **CORZINE, MICHAEL**
STREET ADDRESS **1105 KENILWORTH RD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete

NAME **HAMMOND, GERRY**
STREET ADDRESS **2005 OLD FORT DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **V** ☐ Delete

NAME **WITMERS, CHARLES T**
STREET ADDRESS **1943 LAWSON ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☒ Delete

NAME **HUGO, MICHAEL**
STREET ADDRESS **P.O. BOX 12848**
CITY-ST-ZIP **TALLAHASSEE FL 32317-2848**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition

NAME **VALERIO J. POLIUTO**
STREET ADDRESS **P.O. BOX 13 (339 HORSEHEAD RD)**
CITY-ST-ZIP **WACILSA FL 32361**

TITLE **D** ☐ Change ☒ Addition

NAME **JAMES C. DAVIS**
STREET ADDRESS **3021 SOUTHSHORE CIR**
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

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:

VALERIO J. POLIUTO 3-3-03 850-997-2310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

90043076
760136

oops, I made
additions to
to a wrong
box. But hopefully
you can understand
it. Call me if necessary
Val Poirito
850-997-2310