

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90002 045 ****61.25

DOCUMENT # 760273

1. Entity Name

BIG BROTHERS & BIG SISTERS OF THE BIG BEND, INC.

Principal Place of Business

**2337 WEDNESDAY ST.
TALLAHASSEE FL 32308**

Mailing Address

**2337 WEDNESDAY ST.
TALLAHASSEE FL 32308**

ADD 10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2130789**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**RASMUSSEN, RICH
405 EL DESTINADO DR
TALLAHASSEE FL 32312**

Name **LEAH D. SANDRIDGE**

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

2337 WEDNESDAY ST

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

Leah D. Sandridge

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7.9.01

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**

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 **T** ☒ Delete
NAME **FENNERA, BUD**
STREET ADDRESS **3136 O'BRIEN DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **T** ☒ Change ☒ Addition
NAME **PAULA ADAMS**
STREET ADDRESS **4355 DAVID CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **ST** ☒ Delete
NAME **RASMUSSEN, RICH**
STREET ADDRESS **405 EL DESTINADO DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **ST** ☒ Change ☒ Addition
NAME **TIM CENTER**
STREET ADDRESS **2437 RAMBLEWOOD CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **ED** ☐ Delete
NAME **SANDRIDGE, LEAH D**
STREET ADDRESS **2337 WEDNESDAY ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **VP** ☒ Delete
NAME **LEEDS, STEPHANIE**
STREET ADDRESS **4113 WIGGINGTON RD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **VP** ☒ Change ☒ Addition
NAME **RANDY WILSON**
STREET ADDRESS **1800 MILLOWAY COMMONS DR. #1318**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **P** ☒ Delete
NAME **WALSH, DAN**
STREET ADDRESS **1610-B WILLOW BEND WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **P** ☒ Change ☒ Addition
NAME **BEN GRAYBAR**
STREET ADDRESS **2930 APOLOCHEE PKWY**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
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

Leah D. Sandridge

7.9.01

CR2E037 (5/01)