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

FILED
Aug 04, 2003 8:00 am
Secretary of State
08-04-2003 90139 027 ****70.00

DOCUMENT # 760273

1. Entity Name

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

Principal Place of Business	Mailing Address
2337 WEDNESDAY ST. TALLAHASSEE FL 32308	2337 WEDNESDAY ST. TALLAHASSEE FL 32308 US

☐ CHECK HERE IF MAKING CHANGES

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 59-2130789 ☐ 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
SANDRIDGE, LEAH D 2337 WEDNESDAY STREET TALLAHASSEE FL 32308	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Leah D. Sandridge 7.31.03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T&ST~~ ~~ADAMS, PAULA~~ ~~4355 DAVID COURT~~ TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARK RYAN 2337 WEDNESDAY ST. TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SANDRIDGE, LEAH D 2337 WEDNESDAY ST. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~WILSON, RANDY~~ ~~1800 MICCOSUKEE COMMONS DRIVE, #1010~~ ~~TALLAHASSEE FL 32308~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DON ACOSTA 2337 WEDNESDAY ST. TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~GRAYBAR, BEN~~ ~~2990 APALACHEE PARKWAY~~ ~~TALLAHASSEE FL 32301~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANN KOZELISKI 2337 WEDNESDAY ST. TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Leah D. Sandridge REQUIRED 7.31.03