

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-04-2001 90044 022 ****61.25

DOCUMENT # 771337

1. Entity Name

TALLAHASSEE SOCIETY OF ASSOCIATION EXECUTIVES, I

Principal Place of Business

231 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 1139
TALLAHASSEE FL 32302
US

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 **59-2368120**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOBIN, SUSAN
231 LAFAYETTE ST
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NORTILLO, DONNA	
STREET ADDRESS	200 E. COLLEGE AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BODKIN, LARRY	
STREET ADDRESS	335 BEARD ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	PD - Immediate Past President	
NAME	BARTON, GLEN	
STREET ADDRESS	2909 ROBERTS AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VP - President	<input type="checkbox"/> Delete
NAME	SCHEFF, JAN	
STREET ADDRESS	225 UNIVERSITY CTR., #C3100	
CITY-ST-ZIP	TALLAHASSEE FL 32308-2660	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	WARMACK, ELEANOR	
STREET ADDRESS	411 OFFICE PLAZA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PP - President Elect	<input type="checkbox"/> Delete
NAME	NAPIER, BENNETT	
STREET ADDRESS	4500 SHANNON LAKES PLAZA #1-108	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Ricki Braswell - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1520 Metropolitan Blvd.	
STREET ADDRESS	Tallahassee, FL 32308	D
CITY-ST-ZIP		
TITLE	Thomas Kerr - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 11117	
STREET ADDRESS	Tallahassee, FL 32302	
CITY-ST-ZIP		
TITLE	Linda Brainerd - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4639 Autumn Woods Way	
STREET ADDRESS	Tallahassee, FL 32303	D
CITY-ST-ZIP		
TITLE	Sandy Stevens - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3462 Saltash Lane	
STREET ADDRESS	Tallahassee, FL 32311	D
CITY-ST-ZIP		
TITLE	Linda Brainerd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4639 Autumn Woods Way	
STREET ADDRESS	Tallahassee FL 32303	D
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

850/561-6124

Daytime Phone #

CR2E037 (10/00)