

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006768 AT

DOCUMENT # **A97000001882**

1. Entity Name

**COMMUNITY INVESTMENTS OF TALLAHASSEE, LTD.**

FILED

LF

02 APR 25 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**1815 MICCOSUKEE COMMONS DRIVE, STE. 104  
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 14019  
TALLAHASSEE FL 32317-4019**

2. Principal Place of Business

**1809 Miccosukee Commons Dr.**

3. Mailing Address

Suite, Apt. #, etc.

Suite 112

City & State

**Tallahassee, FL**

City & State

4. FEI Number

**59-3383604**

Applied For

Not Applicable

Zip  
**32308**

Country **LEON  
USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NOBLIN, MILLARD**

**1815 MICCOSUKEE COMMONS DRIVE, STE. 104  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

**Noblin, Millard**

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

**1809 Miccosukee Commons Drive**

Suite 112

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

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

**4/17/02**  
DATE

9. Capital Contributions as Shown on record.

**\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME **NOBLIN, MILLARD**  
STREET ADDRESS **1815 MICCOSUKEE COMMONS DRIVE, STE. 104**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**1809 Miccosukee Commons Drive, Suite 112**

CITY-ST-ZIP

**Tallahassee, FL 32308**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**000005451860--0**  
**-05/06/02-01010--018**  
**\*\*\*\*526.25 \*\*\*\*526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4/17/02** (850) 877-5841  
Date Daytime Phone #

CR2E003 (9/01)