

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004050

1. Entity Name

TAOIST TAI CHI SOCIETY OF THE UNITED STATES OF A

Principal Place of Business

1310 N MONROE ST.
TALLAHASSEE FL 32303

Mailing Address

1310 N MONROE ST.
TALLAHASSEE FL 32303

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

84-1125291

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

DENNISON, SEAN
1310 N MONROE STREET
TALLAHASSEE FL 32303

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME LAUGHLIN, KAREN
STREET ADDRESS 814 DEVON DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME KARNEY, JIM
STREET ADDRESS 261 OLD MARLOW RD.
CITY-ST-ZIP CLINTON TN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME EDWARDS, JANE
STREET ADDRESS 937 IRISH SETTLEMENT RD
CITY-ST-ZIP FREEVILLE NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME BELL, VIRGINIA
STREET ADDRESS 1135 FERNWOOD DR.
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DENNISON, SEAN
STREET ADDRESS 1310 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROLL, THERESA
STREET ADDRESS 1835 VINE ST., #1
CITY-ST-ZIP DENVER CO

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90044 018 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)