

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90325 007 \*\*\*\*61.25

**DOCUMENT # F98000004050**

1. Entity Name

**TAOIST TAI CHI SOCIETY OF THE UNITED STATES OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**1310 N MONROE ST.  
TALLAHASSEE FL 32303**

**1310 N MONROE ST.  
TALLAHASSEE FL 32303**

800760000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2100 Thomasville Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee FL**

City & State

**Tallahassee FL**

4. FEI Number

**84-1125291**

Applied For

Not Applicable

Zip

Country

**32308 USA**

Zip

Country

**32308 USA**

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

**Sean Dennison**

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

**2100 Thomasville Rd.**

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

*Sean Dennison*

**4/15/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAUGHLIN, KAREN</b> <b>814 DEVON DR.</b> <b>TALLAHASSEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KARNEY, JIM</b> <b>261 OLD MARLOW RD.</b> <b>CLINTON TN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>EDWARDS, JANE</b> <b>937 IRISH SETTLEMENT RD</b> <b>FREEVILLE NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BELL, VIRGINIA</b> <b>1135 FERNWOOD DR.</b> <b>TALLAHASSEE FL 32304</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DENNISON, SEAN</b> <b>1310 N MONROE ST</b> <b>TALLAHASSEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROLL, THERESA</b> <b>1835 VINE ST., #1</b> <b>DENVER CO</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1202 Sandhurst Dr.</b> <b>Tallahassee FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2100 Thomasville Rd.</b> <b>Tallahassee FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1060 Bannock St.</b> <b>Denver CO 80204</b>

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:

*Sean Dennison*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/02 (850) 224-5438**

CR2E037 (9/01)