

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90103 008 \*\*\*150.00

**DOCUMENT # H04491**

1. Entity Name  
**TALLAHASSEE CONSULTING GROUP, INC.**

Principal Place of Business

**414 E. 7TH AVE.  
SECOND FLOOR  
TALLAHASSEE FL 32303  
US**

Mailing Address

**P. O. BOX 3730  
TALLAHASSEE FL 32315  
US**

2. Principal Place of Business

**2514 Betton Woods Dr.  
Suite, Apt. #, etc.**

3. Mailing Address

**2514 Betton Woods Dr.  
Suite, Apt. #, etc.**

City & State

**Tallahassee FL**

Zip  
**32312-3442**

Country

**U.S.A.**

City & State

**Tallahassee FL**

Zip  
**32312-3442**

Country

**U.S.A.**

4. FEI Number

**59-2423309**

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

**STAUBER, ALVIN  
414 E. 7TH AVENUE  
TALLAHASSEE FL 32303**

Name

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

**2514 Betton Woods Drive**

City **Tallahassee**

**FL**

Zip Code

**32312-3442**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<b>D GELLER, STEVEN A. 314 MISSOURI STREET APT. 2 HOLLYWOOD FL 33020</b>	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<b>DP</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<b>STAUBER, ALVIN 2514 BETTON WOODS DRIVE TALLAHASSEE FL 32312</b>	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALVIN STAUBER** *Alvin Stauber, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-1-01**

Date

**850-644-8221**

Daytime Phone #

CR2E034 (10/00)