

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L22711**

1. Entity Name

**JAMES M. TALLEY ASSOCIATES, INC.****FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90040 006 \*\*\*150.00

Principal Place of Business

THE MCMULLEN HOUSE  
315 E. GEORGIA ST.  
TALLAHASSEE FL 32301

Mailing Address

THE MCMULLEN HOUSE  
315 E. GEORGIA ST.  
TALLAHASSEE FL 32301-1249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2971529**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

TALLEY, JAMES M  
THE MCMULLEN HOUSE  
315 E. GEORGIA STREET  
TALLAHASSEE FL 32301

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

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, 2000 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

TITLE **PT** ☐ Delete  
NAME **TALLEY, JAMES M.**  
STREET ADDRESS **THE MCMULLEN HOUSE 315 E. GEORGIA ST.**  
CITY-ST-ZIP **TALLAHASSEE FL**TITLE **VP** ☐ Delete  
NAME **TALLEY JR., JAMES M.**  
STREET ADDRESS **6320 FITZGERALD ROAD**  
CITY-ST-ZIP **ODESSA FL**TITLE **S** ☐ Delete  
NAME **TALLEY, CAROLYN C.**  
STREET ADDRESS **THE MCMULLEN HOUSE 315 E. GEORGIA ST.**  
CITY-ST-ZIP **TALLA FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ \*\*\*

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ \*\*\*

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ \*\*\*

NAME

STREET ADDRESS

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TITLE ☐ Change ☐ \*\*\*

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ \*\*\*

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ \*\*\*

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, 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 #

**(850) 222-8836**