

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L49196	
1. Entity Name DEER POINTE OF TALLAHASSEE, INC.	

FILED
03 MAY -8 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4332 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303	Mailing Address 4332 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2998015	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BUTLER, NEIL H 2708 O'HARA COURT TALLAHASSEE, FL 32308	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when withdrawing)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D MAYFIELD, CATHERINE D. 4223 CAPITAL CIRCLE N.W. TALLAHASSEE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300020054593 05/29/03--01003--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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: *Catherine D. Mayfield* **4-30-03** **850-562-1022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)