

2001 UNIFORM BUSINESS REPORT (UBR)

2/2/01

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-02-2001 90129 001 ***183.75

DOCUMENT # N00000002763

1. Entity Name

TALLAHASSEE AREA AWARENESS, INC.

Principal Place of Business

Mailing Address

3434 N. MONROE
TALLAHASSEE FL 32303

3434 N. MONROE
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

59-3700695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTER, DEBORAH
1107 MIMOSA DR.
TALLAHASSEE FL 32312

Name **BURT MCDANIEL**
Street Address (P.O. Box Number is Not Acceptable)
1691 TIMBER RUN
City **HAVANA** FL Zip Code **32333**

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

1/12/2001

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP
STREET ADDRESS	BURT MCDANIEL
CITY-ST-ZIP	1691 TIMBER RUN
	HAVANA, FL 32333
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DV
STREET ADDRESS	TAMMY MCDANIEL
CITY-ST-ZIP	1691 TIMBER RUN
	HAVANA, FL 32333
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DS
STREET ADDRESS	LAMAR RUDD
CITY-ST-ZIP	2816 SHAMROCK S
	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

Date

1/12/01

Daytime Phone #

850/562-6200

CR2E037 (10/00)