

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90106 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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDANIEL, BURT  
1691 TIMBER RUN  
HAVANA FL 32333**

Name **BRYCE L. MERRICK**

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

**3434 N. MONROE ST**

City

**TALLAHASSEE**

**FL**

Zip Code

**32303**

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

**4-22-02**

**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 ☒ Delete  
NAME **DP**  
STREET ADDRESS **MCDANIEL, BURT**  
CITY-ST-ZIP **1691 TIMBER RUN  
HAVANA FL 32333**

TITLE ☒ Change ☐ Addition  
NAME **D. BRYCE MERRICK**  
STREET ADDRESS **3434 N. MONROE ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ Delete  
NAME **DV**  
STREET ADDRESS **MCDANIEL, TAMMY**  
CITY-ST-ZIP **1691 TIMBER RUN  
HAVANA FL 32333**

TITLE ☒ Change ☐ Addition  
NAME **D. DIANE MERRICK**  
STREET ADDRESS **3434 N. MONROE ST.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ Delete  
NAME **DS**  
STREET ADDRESS **RUDD, LAMAR**  
CITY-ST-ZIP **2816 SHAMROCK SOUTH  
TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition  
NAME **D. JAMES WATTS**  
STREET ADDRESS **9027 SW 75TH WAY**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

**4-22-02**

**850-562-6200**

CR2E037 (9/01)