

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000003226
 1. Entity Name East Tallahassee Business Association
Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 3113 Capital Medical Blvd.
 Suite, Apt. #, etc. Blvd. 3. Mailing Address Suite, Apt. #, etc.

City & State Tallahassee, FL City & State
 Zip 32308 Country USA Zip Country

6. Name and Address of Current Registered Agent
Ladonna Burton
2000 Apalachee Pkwy
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
 Name Barbara Clements
 Street Address (P.O. Box Number is Not Acceptable) 3113 Capital Medical Blvd.
 City Tallahassee FL Zip Code 32308

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 Barbara H Clements
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS
 TITLE NAME ☒ Delete
 Don May
 STREET ADDRESS 1511 Killearn Center Blvd
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE NAME ☒ Delete
 Rick Eggers
 STREET ADDRESS 2640 Mitcham Dr., Ste. C
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE NAME ☒ Delete
 Secretary/Treasurer
 Ladonna Burton
 STREET ADDRESS 2000 Apalachee Pkwy
 CITY-ST-ZIP Tallahassee, FL 32301

TITLE NAME ☐ Delete
 Rick Eggers
 STREET ADDRESS 1400 East Park Ave
 CITY-ST-ZIP Tallahassee, FL 32301

TITLE NAME ☐ Delete
 Secretary/Treasurer
 Barbara Clements
 STREET ADDRESS 3113 Capital Medical Blvd.
 CITY-ST-ZIP Tallahassee, FL 32308

4. FEI Number 59-3646061 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE NAME ☒ Change ☐ Addition
 Rick Eggers
 STREET ADDRESS 2640 Mitcham Dr., Ste. C
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE NAME ☐ Change ☒ Addition
 Thomas Napier
 STREET ADDRESS 1400 East Park Ave
 CITY-ST-ZIP Tallahassee, FL 32301

TITLE NAME ☐ Change ☒ Addition
 Secretary/Treasurer
 Barbara Clements
 STREET ADDRESS 3113 Capital Medical Blvd.
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE NAME ☐ Change ☐ Addition
 Rick Eggers
 STREET ADDRESS 1400 East Park Ave
 CITY-ST-ZIP Tallahassee, FL 32301

TITLE NAME ☐ Change ☐ Addition
 Secretary/Treasurer
 Barbara Clements
 STREET ADDRESS 3113 Capital Medical Blvd.
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE NAME ☐ Change ☐ Addition
 Rick Eggers
 STREET ADDRESS 1400 East Park Ave
 CITY-ST-ZIP Tallahassee, FL 32301

TITLE NAME ☐ Change ☐ Addition
 Secretary/Treasurer
 Barbara Clements
 STREET ADDRESS 3113 Capital Medical Blvd.
 CITY-ST-ZIP Tallahassee, FL 32308

TITLE NAME ☐ Change ☐ Addition
 Rick Eggers
 STREET ADDRESS 1400 East Park Ave
 CITY-ST-ZIP Tallahassee, FL 32301

TITLE NAME ☐ Change ☐ Addition
 Secretary/Treasurer
 Barbara Clements
 STREET ADDRESS 3113 Capital Medical Blvd.
 CITY-ST-ZIP Tallahassee, FL 32308

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: Barbara H Clements 9-20-01 850 878-3500

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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