

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90058 007 ****61.25

DOCUMENT # N00000003612

1. Entity Name

TALLAHASSEE COMMUNITY COLLEGE HOUSING, INC.

Principal Place of Business

Mailing Address

444 APPELYARD DR
TALLAHASSEE FL 32304

444 APPELYARD DR
TALLAHASSEE FL 32304

9 3 0 0 5 8



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3651984

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

WETHERELL, T.K.
444 APPELYARD DR
TALLAHASSEE FL 32304

Name

DEBRA AUSTIN

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

444 APPELYARD DRIVE

TALLAHASSEE FL

City

FL

Zip Code

32304

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

Debra Austin

2/6/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME ☒ Delete
SMITH, ROGER
STREET ADDRESS 1300 METROPOLITAN BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE NAME ☐ Delete
WALKER, CLAUDE
STREET ADDRESS 106 E COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE NAME ☒ Change ☐ Addition
P/D
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
PENSON, ED
STREET ADDRESS 924 SUMMERBROOKE DR
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE NAME ☒ Change ☐ Addition
S/D
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
CASSEDY, MARSHALL
STREET ADDRESS 2012-D N POINT BLVD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE NAME ☒ Change ☐ Addition
T/D
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
WETHERELL, T.K.
STREET ADDRESS 444 APPELYARD DR
CITY-ST-ZIP TALLAHASSEE FL 32304-2895

TITLE NAME ☒ Change ☐ Addition
D
AUSTIN, DEBRA
STREET ADDRESS 444 APPELYARD DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32304-2895

TITLE NAME ☐ Delete
DOSTER, RUSSELL
STREET ADDRESS PO BOX 11192
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE NAME ☐ Change ☐ Addition
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:

Debra Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

850-201-8660

Daytime Phone #

CR2E037 (9/01)