

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 14, 2002 8:00 am
Secretary of State

01-21-2002 90023 017 ****61.25

DOCUMENT # N00000003875

1. Entity Name

FLEISCHMANN OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2419 I FLEISCHMANN RD
TALLAHASSEE FL 32308**

**PO BOX 4181
TALLAHASSEE FL 32315**

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

59-3678886

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

**VOLLMER, DAN
1435 E PIEDMONT DR STE 202
TALLAHASSEE FL 32308**

Name **MELVIN YOU MAN**

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

2419 Fleischmann Rd, Unit 3

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

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	PD	☒ Delete
NAME	ROSEN, PETER S	
STREET ADDRESS	P.O. BOX 15694	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	☒ Delete
NAME	BASTAIN, TONY	
STREET ADDRESS	3375-H CAPITAL CIR NE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	☒ Delete
NAME	VOLLMER, DAN	
STREET ADDRESS	P.O. BOX 4181	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT / DIRECTOR	☐ Change ☒ Addition
NAME	ROBYN RENNICK	
STREET ADDRESS	2417 FLEISCHMANN RD, UNIT 2	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	VICE PRESIDENT / DIRECTOR	☐ Change ☒ Addition
NAME	JOAN MANCEBO	
STREET ADDRESS	2419 FLEISCHMANN RD, UNIT 2	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SECRETARY / DIRECTOR	☐ Change ☒ Addition
NAME	JERI R. PARRISH	
STREET ADDRESS	2417 FLEISCHMANN RD, UNIT 4	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	TREASURER / DIRECTOR	☐ Change ☒ Addition
NAME	MELVIN YOU MAN	
STREET ADDRESS	2419 FLEISCHMANN RD, UNIT 3	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		☐ Change ☐ Addition
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)(f), 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 RE: DAN VOLLMER SEC. 1/10/02 850 386-1158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)