2001	UNIFORM BUS	INESS REPO	RT (UI	BR)					į	
DOCU	MENT # N00000									
1. Entity Name THE NORTH FLORIDA INTERNATIONAL VISTIORS COUNCIL					FILED					
						AUG 31 PH 3:	55			
Principal Place of Business Mailing Address		Mailing Address	s		01	AUG 31 111 0	- ಆರ್.ನೆ			
		1540 SOUTH ADAMS ST. TALLAHASSEE FL 32307	South Adams St. Ste 1 Hassee Fl 32307		984	· · · · · · · · · · · · · · · · · · ·	AIE IRIDA			
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Principal Place of Business 3. Mailing Address										
Suite Apt. #, etc.		Suite, Apt, #, etc.				DO NOT WOLTE IN THE	0.00405			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Į.	DO NOT WRITE IN THE	S SPACE			
City & State		City & State			4. EEI Number 59-366	2640	·)—	plied For t Applicable	}	
Zip	Country	Zip	Country		5. Certificate of S		\$8.75 Add Fee Required			
- 1	6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Registere	_ _		1	
				Name						
GLEE, ROSE				Street Address (P.O. Box Number is Not Acceptable)						
1540 SOUTH ADAMS ST, STE 1 TALLAHASSEE FL 32307						000458(09/13/01-		nns	١,	
TALLAHASSEE FL 32307				City *****61.25 ******61.25						
8. The above	named entity submits this statement for	or the purpose of changing its	registered offic	e or reaister	red agent, or both, in	the state of Florida.			1	
	0 1 1					•			1	
SIGNATURE .	Kon blee					67/19	9 /6/			
old(#XTOTE)	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered Agent si	gnature required	d when reinstating)	DATE				
FILE NOW: FEE IS \$61.25 9. Election Campa					#5.00	Mala Cha	ck Payable		-	
After September 12, 2001, min. will be \$236.25				° 🗆	\$5.00 May Be Added to Fees		ent of State			
10.	OFFICERS AND DI	RECTORS	11.			ES TO OFFICERS AND I			1_	
TITLE NAME	President Dr. Rose Glee	☐ Delete	TITLE NAME		ector Dennis M	organ.	☐ Change	☐ Addition	(5/01	
STREET ADDRESS	1540 South Adams	s St. Ste 1	STREET ADDRE	ss 101	S. Adams	Street			E037	
CITY-ST-ZIP	Tallahassee, FL 32307		CITY-ST-ZIP		lahassee,	FL 32301			CRZE	
title Name	Director Delete N				ector Terence	Hinson	☐ Change	☐ Addition	0	
STREET ADDRESS	I Dr. Clinila Ford			ss 1540 South Adams Street, Suite A						
CITY-ST-ZIP	Tallahassee, FL-32303-4968		CITY-ST-ZIP	1						
TITLE	Director	☐ Delete	TITLE	I -	ectör Bill Joh	neon	☐ Change	☐ Addition		
NAME STREET ADDRESS	Ms. Christine Lucas 136 Bronough StPO Box 11309		NAME STREET ADDRE		300 South Adams Street					
CITY-ST-ZIP	Tallahassee, FL 32302-3309				lahassee,					
TITLE	Secretary	☐ Delete	TITLE	1	ector		☐ Change	☐ Addition	1	
NAME STREET ADDRESS	Ms. Kaye Strong		NAME STREET ADDRE		Carmen C O. Box 30					
CITY-ST-ZIP	106 E. Jefferson Street Tallahassee, FL 32301			+ • '	lahassee.					
TYTLE	Treasurer	☐ Delete	TITLE	Dir	ector		☐ Change	Addition		
NAME Mr. Johnny Session STREET ADDRESS 400 North Adams Street		NAME STREET ADDRE		Edwin Th				-		
CITY-ST-ZIP Tallahassee, FL 32301		CITY-ST-ZIP	~ 214 Tal	Lincoln lahassee,	Street FL 32301		. :			
TITLE								TA LOCAL	1	
11166	Managing Directo	Delete	TITLE	Dir	ector		☐ Change	Addition	1	
NAME STREET ADDRESS	Dr. Jesse Lutabi 1540 South Adams	or □ _{□ Delete} ingwa s St, Ste 1	TITLE NAME STREET ADDRE	Ms.	Donna H.	Ross ge Ave., Su				

12. Thereby 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 occorporation 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 attactment with an address, with all other rice empowered.