

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006131

1. Entity Name

POSITIVE THINKERS CLUB OF TALLAHASSEE, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90011 045 ****61.25

Principal Place of Business

C/O HELEN G JAMES
3242 TONY JAMES TR
TALLAHASSEE FL 32311

Mailing Address

C/O HELEN G JAMES
3242 TONY JAMES TR
TALLAHASSEE FL 32311

744306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2623 Gerald Drive

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, Florida

4. FEI Number

59-3674158

Applied For

Not Applicable

Zip

Country

Zip
32310-6505

Country

Leon

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, HELEN G
2623 GERALD DR
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, HELEN G	
STREET ADDRESS	2623 GERALD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, DOROTHY	
STREET ADDRESS	269 WHITE OAK DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, LAVERNE	
STREET ADDRESS	3502 POWELL RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Brown	
STREET ADDRESS	3021 Huntington Woods Blvd	
CITY-ST-ZIP	Tallahassee, Florida 32303	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Powell, Lavern	
STREET ADDRESS	3023 Powell Road	
CITY-ST-ZIP	Tallahassee, Florida 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Helen G James* Helen G James

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

850 576 7810

Daytime Phone #

CR2E037 (10/00)