2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0007338

DOCUMENT # N01000001782

1. Entity Name

TALLAHASSEE CHAPTER OF THE ASSOCIATION OF INSPEC TORS' GENERAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -3 PM 2:37

Principal Place of Business	Mailing Address
OFFICE OF CHIEF INSPECTOR GERNERAL RM 2103 THE CAPITOL TALLAHASSEE FL 32399-0001	PO BOX 14292 TALLAHASSEE FL 32317-4292

☐ CHECK HERE IF MAKING CHANGES

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 59-3717589 ☐ 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
KEEN, LINDA A FLA HEALTH DEPT / INSPECTOR GENERALS OFFIC 4052 BALD CYPRESS WAY BIN#A03 TALLAHASSEE FL 32399	Name BONNIE A. LAZOR Street Address (P.O. Box Number is Not Acceptable) FL DEPT OF REVENUE, Office of Inspector General 501 S. CALHOUN St. RM 243 City TALLAHASSEE, FL FL Zip Code 32399

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bonnie A. Lazor 4/3/03

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 Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, JAMES RM 2103 THE CAPITOL TALLAHASSEE FL 32399	☑ Delete	JAMES MATHENS, PD 107 E. MADISON St. TALLAHASSEE, FL 32399	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SVP~~ VP HALL, PINKY 2600 BLAIRSTONE RD, MAIL STE 40 TALLAHASSEE FL 32399	☐ Delete	IVP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHUKNECHT, FRED 2601 BLAIRSTONE RD TALLAHASSEE FL 32399	☑ Delete	JERRY CHESNUTT, TD 1317 WINEWOOD TALLAHASSEE, FL 32399	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEEN, LINDA 4052 BALD CYPRESS WAY 3A03 TALLAHASSEE FL 32399	☑ Delete	BONNIE A. LAZOR, SD 501 S. CALHOUN St. RM 243 TALLAHASSEE, FL 32399	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700016981367 04/25/03--01001--003 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Bonnie A. Lazor 4/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #