

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/02-90601-038-\$61.25-\$61.25

0061300

DOCUMENT # N01000002660

1. Entity Name

TALLAHASSEE/LEON COUNTY ANTI-DRUG ANTI-VIOLENCE ALLIANCE, INC.

Principal Place of Business

Mailing Address

1500 LAKE AVE.
TALLAHASSEE FL 32310

1500 LAKE AVE.
TALLAHASSEE FL 32310

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

59-3720516

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

POLOUS, MILLIE
1500 LAKE AVE.
TALLAHASSEE FL 32310

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
DP. TOMPKINS, ROSALIND Y
STREET ADDRESS 1500 LAKE AVE.
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE NAME ☐ Delete
DV FRASCA, STELLA
STREET ADDRESS 419 E. GEROGIA ST.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE NAME ☒ Change ☐ Addition
DV Skiles, Dan
STREET ADDRESS FSU-PAR, Thagard Student Health Cntr.
CITY-ST-ZIP Tallahassee, FL 32306-2140

TITLE NAME ☐ Delete
DS ALLEN, IDELLA GAINER
STREET ADDRESS 2757 W. PENSACOLA ST.
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE NAME ☐ Delete
DT BUTLER, LUNDA
STREET ADDRESS PO BOX 727
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02 (850) 222-7705

CR2E037 (9/01)