

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01855

1. Entity Name

THE TALLAHASSEE CHAPTER OF SOCIETY OF FINANCIAL

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90137 044 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1148
TALLAHASSEE FL 32302

P.O. BOX 1148
TALLAHASSEE FL 32302-1148

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

59-2914216

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

FLEET, EDWIN S.
1535 KILLEARN CENTER BLVD
STE A-5
TALLAHASSEE FL 32308

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 D ☐ Delete
NAME LONG, MICHELLE
STREET ADDRESS 2908 NORTH POINT BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE *Past Pres./Director* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME LENTZ, JOHN
STREET ADDRESS 2908 NORTHMONT DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE *Director* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME TYCHSEN, PETE
STREET ADDRESS 2908 NORTHMONT DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE *President/Director* ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME FLEET, EDWIN S
STREET ADDRESS 1535 KILLEARN CENTER BLVD. STE. A-5
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE SD ☐ Delete
NAME BARNES, TRAVIS
STREET ADDRESS P.O. BOX 14099
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE *Vice Pres./Director* ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUELL, DONALD
STREET ADDRESS 3360 CAPITOL CIRCLE NE SUITE E
CITY-ST-ZIP TALLAHASSEE FL 32308

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)(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 #

CR2E037 (9/99)