

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90076 045 ****61.25

0013939

DOCUMENT # N01855

1. Entity Name

THE TALLAHASSEE CHAPTER OF SOCIETY OF FINANCIAL

Principal Place of Business

Mailing Address

~~805 Waverly Rd.~~
~~Tallahassee, FL 32312~~

~~P.O. BOX 1148~~
~~Tallahassee, FL 32302~~

805 Waverly Rd.
Tallahassee, FL 32312

805 Waverly Rd.
Tallahassee, FL 32312

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 Fleet, Edwin S.
Street Address (P.O. Box Number is Not Acceptable)
805 Waverly Rd.
City Tallahassee FL Zip Code 32312

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 Edwin S. Fleet - Edwin S. Fleet 4-13-2001
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 PPD ☒ Delete
NAME LONG, MICHELLE
STREET ADDRESS 2908 NORTH POINT BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Change ☒ Addition
NAME Howard, John
STREET ADDRESS 1117 Thomasville Rd.
CITY-ST-ZIP Tallahassee, FL 32303

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

TITLE D ☐ Change ☒ Addition
NAME Avant, George
STREET ADDRESS 2908 Northmont Dr.
CITY-ST-ZIP Tallahassee, FL 32303

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

TITLE PPD ☒ Change ☐ Addition
NAME Tychsen, Pete
STREET ADDRESS 1695 Metropolitan Circle
CITY-ST-ZIP Tallahassee, FL 32308

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

TITLE TD ☒ Change ☐ Addition
NAME Fleet, Edwin S.
STREET ADDRESS 805 Waverly Rd.
CITY-ST-ZIP Tallahassee, FL 32312

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

TITLE PD ☒ Change ☐ Addition
NAME Barnes, Travis S.
STREET ADDRESS P.O. Box 14099
CITY-ST-ZIP Tallahassee, FL 32317

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

TITLE D ☒ Change ☐ Addition
NAME Duell, Ronald E.
STREET ADDRESS 1815 Miccosukee Commons, Ste 100
CITY-ST-ZIP Tallahassee, FL 32308

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: Edwin S. Fleet - Edwin S. Fleet 4-13-2001 850-386-7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Treasurer

CR2E037 (10/00)