

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90056 047 \*\*\*\*61.25

**DOCUMENT # N01855**

1. Entity Name  
**THE TALLAHASSEE CHAPTER OF SOCIETY OF FINANCIAL SERVICES PROFESSIONALS, INC.**

Principal Place of Business: **805 WAVERLY RD TALLAHASSEE FL 32312**  
Mailing Address: **805 WAVERLY RD TALLAHASSEE FL 32312**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: 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  
**FLEET, EDWIN S.  
805 WAVERLY RD  
TALLAHASSEE FL 32312**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



*60025303*



CHECK HERE IF MAKING CHANGES

**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: <b>D</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HOWARD, JOHN</b>		NAME: _____	
STREET ADDRESS: <b>1117 THOMASVILLE RD</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32303</b>		CITY-ST-ZIP: _____	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>AVANT, GEORGE</b>		NAME: _____	
STREET ADDRESS: <b>2908 NORTHMONT DR</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32303</b>		CITY-ST-ZIP: _____	
TITLE: <b>PPD</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>TYCHSEN, PETE</b>		NAME: _____	
STREET ADDRESS: <b>1695-1 METROPOLITAN CIRCLE</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32308</b>		CITY-ST-ZIP: _____	
TITLE: <b>TD</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>FLEET, EDWIN S</b>		NAME: _____	
STREET ADDRESS: <b>805 WAVERLY RD</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32312</b>		CITY-ST-ZIP: _____	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BARNES, TRAVIS</b>		NAME: _____	
STREET ADDRESS: <b>P O BOX 14099</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32317</b>		CITY-ST-ZIP: _____	
TITLE: <b>D</b>	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DUELL, DONALD</b>		NAME: _____	
STREET ADDRESS: <b>1815 MICCOSUKEE COMMONS STE 100</b>		STREET ADDRESS: _____	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32308</b>		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: *Edwin S. Fleet* **EDWIN S. FLEET** **4/28/03** **850-386-7402**

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

CR2E037 (10/02)