

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04043

1. Entity Name

TALLAHASSEE BIG BEND CRIMESTOPPERS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90001 007 ****61.25

Principal Place of Business

234 E. 7TH AVE.
TALLAHASSEE FL 32303-5519

Mailing Address

234 E. 7TH AVE.
TALLAHASSEE FL 32303-5519

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

59-2485578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUDING, TAROUB
234 E 7TH AVE
TALLAHASSEE FL 32303

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

Charles Gauding Taroub Gauding

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 | P | <input type="checkbox"/> Delete |
| NAME | GRANTHAM, MICHAEL | |
| STREET ADDRESS | 217 N. MONROE ST. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WIRTH, WILLIAM | |
| STREET ADDRESS | 440 N. MONROE ST. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STUCKS, ALLEN | |
| STREET ADDRESS | STE 200 SUTTON BLDG. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32399 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HANDLEY, DORI | |
| STREET ADDRESS | 200 E WASHINGTON ST | |
| CITY-ST-ZIP | TALLAHASSEE FL 32345 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HENDRIX, TIM | |
| STREET ADDRESS | 2329 APALACHEE PARKWAY | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GIBSON, PAM | |
| STREET ADDRESS | 415 N. MONROE ST. | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | |

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ben E. Gintman | |
| STREET ADDRESS | 1020 East Lafayette Street ; Suite 207 | |
| CITY-ST-ZIP | Tallahassee, FL 32301 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mack Rush | |
| STREET ADDRESS | Neighborhood & Community Services | |
| CITY-ST-ZIP | Tallahassee, FL 32301 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Charlie Castleton | |
| STREET ADDRESS | Tosco / Circle K | |
| CITY-ST-ZIP | 2683 N. Monroe Street Tallahassee, FL 32303 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael P. Grantham 3/17/00 (850) 671-0636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)