

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90325 050 ****61.25

DOCUMENT # N04043

1. Entity Name

TALLAHASSEE BIG BEND CRIMESTOPPERS, INC.

Principal Place of Business

Mailing Address

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

**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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGHIN, KATHY
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

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** ☐ Delete
NAME **GRANTHAM, MICHAEL**
STREET ADDRESS **217 N. MONROE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☒ Change ☒ Addition
NAME **Stucks, Allan**
STREET ADDRESS **2585 Merchants Row Blvd, Rm 135C**
CITY-ST-ZIP **Tallahassee, FL 32399-1701**

TITLE **S** ☐ Delete
NAME **WIRTH, WILLIAM**
STREET ADDRESS **440 N. MONROE ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Change ☒ Addition
NAME **Falmer, Mark**
STREET ADDRESS **307 N. Adams St.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☐ Delete
NAME **STUCKS, ALLEN**
STREET ADDRESS **STE 200 SUTTON BLDG.**
CITY-ST-ZIP **TALLAHASSEE FL 32399**

TITLE **D** ☐ Change ☒ Addition
NAME **Buckley, Rebecca**
STREET ADDRESS **2930 Capital Medical Blvd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☐ Delete
NAME **GIRTMAN, BEN**
STREET ADDRESS **1020 EAST LAFAYETTE ST, STE 207**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **D** ☐ Delete
NAME **HODGE, JAY**
STREET ADDRESS **1519 CAPITAL CIRCLE NE**
CITY-ST-ZIP **TALLAHASSEE FL 32307**

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

TITLE **D** ☒ Delete
NAME **TURNER, B J**
STREET ADDRESS **4244 W TENNESSEE ST #190**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (850) 671-0636
Date Daytime Phone #

CR2E037 (9/01)