

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17198

1. Entity Name

TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU,



FILED

Aug 17, 2000 8:00 am  
Secretary of State

08-17-2000 90002 037 \*\*\*\*61.25

Principal Place of Business C/O NANCY SAUNDERS 200 W COLLEGE AVE TALLAHASSEE FL 32301 US	Mailing Address C/O NANCY SAUNDERS PO BOX 1369 TALLAHASSEE FL 32301-4702 US
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2. Principal Place of Business 106 E. JEFFERSON ST.	3. Mailing Address 106 E. JEFFERSON ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2788437	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SAUNDERS, NANCY 200 W. COLLEGE AVE TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 106 E. JEFFERSON ST. City FL Zip Code
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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 <i>Nancy Saunders</i> Signature, typed or printed name of registered agent and title if applicable.	7-14-00 DATE (NOTE: Registered Agent signature required when reinstating)
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, JOHN 234 E 7TH AVENUE TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATTON, SUSAN 964 ROSE BAY CT TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHIELL, BERNIE 522 SCOTTY'S LN TALLAHASSEE FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, JOHN 101 S ADAMS TALLAHASSEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bill Webster</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, BILL 2714 GRAVES RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSON, JOHN 3370 CAPITAL CIR NE 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHARLES WRIGHT 106 E. JEFFERSON ST TALLAHASSEE, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Signature Required</i>	Date	Daytime Phone #
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CR2E037 (9/99)