

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17198

1. Entity Name

TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU.

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90060 046 \*\*\*\*61.25

0000617

Principal Place of Business  
C/O NANCY SAUNDERS  
106 E JEFFERSON STREET  
TALLAHASSEE FL 32301  
US

Mailing Address  
C/O NANCY SAUNDERS  
106 E JEFFERSON STREET  
TALLAHASSEE FL 32301  
US

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 **59-2788437**

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

SAUNDERS, NANCY  
~~200 W. COLLEGE AVE.~~  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

106 E. JEFFERSON ST.

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

*Nancy Saunders*

1-24-01

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 D ☐ Delete  
NAME PROCTOR, JOHN  
STREET ADDRESS 234 E 7TH AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME PACE ALLEN  
STREET ADDRESS 2121 W. TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D ☒ Delete  
NAME STRATTON, SUSAN  
STREET ADDRESS 964 ROSE BAY CT  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME KEN AUSTIN  
STREET ADDRESS 3300 CAPITAL CIRCLE SW  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE CD ☐ Delete  
NAME SHIELL, BERNIE  
STREET ADDRESS 522 SCOTTY'S LN  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☐ Delete  
NAME BENSON, JOHN  
STREET ADDRESS 101 S ADAMS  
CITY-ST-ZIP TALLAHASSEE FL

TITLE CHAIR/DIRECTOR ☒ Change ☐ Addition  
NAME DENSON, JOHN  
STREET ADDRESS 195 SUGARPLUM DR  
CITY-ST-ZIP 32312

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME CHARLES WRIGHT  
STREET ADDRESS 106 E. JEFFERSON ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (10/00)