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

DOCUMENT # N17198

1. Entity Name

TALLAHASSEE AREA CONVENTION AND VISITORS BUREAU.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90202 016 ****61.25

Suries, Apr. 4, etc. Suries	INC.						GOO WE THE					
C/O MANCY SAUNCES OR EFFERSON STREET TALLAHASSEE FL 2201 Salva Apt. 4, vio. Solva A	Principal Place	e of Business		Mailin	g Address							
Salto, Apt. #, etc. Check Haffe if MAKING CHANGES City & State Chy & State Check Haffe if MAKING CHANGES Zo Country Zip Country S. Certificate of State Desired S8.75 Application S8.75 Ap	C/O NANCY S	aunders Son Street		C/O N 106 E TALLA	/O NANCY SAUNDERS 06 E JEFFERSON STREET ALLAHASSEE FL 32301			 	II 1888) KIRIK IRIKI IRIK 1881 BI	811 81 8 11 81811 818	## 8 8 (18	
Cry & State Country Countr		lace of Busines	SS	3. Ma	iling Address							
Second	Suite, Apt.	#, etc.	-44	Si				CHECK HERE IF MAKING CHANGES				
SAUNDERS, NANCY 106 E. JEFERSON ST. TALLAHASSEE FL 32301 SIGNATURE FILE NOW: FEE IS \$61.25 DATE DA	City & State	e	· · · · ·	Ci				59-2/8843/]
SAUNDERS, NANCY 106 E. JEFERSON ST. TALLAHASSEE FI. 32301 Stroet Address (P.O. Box Number is Not Acceptable) FL Zip Code B. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I sim familiar with, and accept the obligations of the familiar with, and accept the familiar with and acce	Zip		Country	Zi	р	Соц	intry	5. Certificate of Sta	atus Desired	\$8.75 Add	ditional	
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SALINDERS, NANCY 106 E. JEFERSON ST. TALLAHASSEE FI. 32301 City FL Zip Code B. The above named ontity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 3-10-03 SIGNATURE FILE NOW: FEE IS \$61.25 9- Election Campaign Financing Trust Fund Contribution. Addod to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 10. Addition 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Make Check Payable to Florida Department of State 10. Change Addition 10. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ADDITIONS/CHANGES TO OF									or and a second].
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City	106 E. JE	FERSON ST	:					s (P.O. Box Number is N	ot Acceptable)			
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	12. I hereby a	certify that the	information supplied w	ith this filing	does not qualify fo	r the exe	emption stated in	Section 119.07(3)(i). Flo	orida Statutes. I further c	ertify that the i	information	1

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: