

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90164 013 *****61.25

DOCUMENT # N23809

1. Entity Name

CAPITAL CITY CLASSIC CHEVY CLUB OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

P O BOX 37175
TALLAHASSEE FL 32315-4175

P O BOX 37175
TALLAHASSEE FL 32315-4175

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 59-3226679

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

CAYSON, BILL
1903 ROSEDALE DR.
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 ☐ Delete
NAME CAYSON, BILL
STREET ADDRESS 1903 ROSEDALE DR.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME GLESSNER, LINDA
STREET ADDRESS 8914 LEE REEVES
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME REEVES
STREET ADDRESS
CITY-ST-ZIP 32309

TITLE ☐ Delete
NAME DENNARD, GAIL
STREET ADDRESS RT. 2, BOX 220C
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3674 M. Jefferson Rd.
CITY-ST-ZIP

TITLE ☐ Delete
NAME PLACHY, REUBEN C
STREET ADDRESS 3436 CHEROKEE RIDGE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312-3608

TITLE ☒ Change ☐ Addition
NAME PLACHY, Reuben C.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME BOWERS, CYNTHIA
STREET ADDRESS 2771 OAK RIDGE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Change ☒ Addition
NAME Glessner, Clay
STREET ADDRESS 8914 Lee Reeves
CITY-ST-ZIP Tallahassee, FL 32308 32309

TITLE ☐ Delete
NAME BARINEAU, STACY
STREET ADDRESS 7026 BLUEBERRY HILL DR
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☒ Change ☐ Addition
NAME Barineau, Stanley
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 of Bill Cayson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/02 850
222-1421

CR2E037 (9/01)