

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27725

1. Entity Name

THE TALLAHASSEE-LEON SHELTER, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90061 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 4062  
TALLAHASSEE FL 32303

P. O. BOX 4062  
TALLAHASSEE FL 32315-4062  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910293

Applied For

Not Applicable

Zip

Country

Zip

Country

32315-4062

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

SHAEFFER, JANE  
2600 BANTRY BAY DR  
TALLAHASSEE FL 32308

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 *Jane Shaeffer*

Jane Shaeffer

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 M ☐ Delete  
NAME EBY, MEL  
STREET ADDRESS 3076 GOVERNORS COURT DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32315

TITLE P ☒ Change ☐ Addition  
NAME Shaeffer, Jane  
STREET ADDRESS 2600 Bantry Bay Drive  
CITY-ST-ZIP Tallahassee FL., 32308

TITLE DP ☒ Delete  
NAME PERKO, GARY  
STREET ADDRESS 4072 YARDLEY CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VP ☐ Change ☒ Addition  
NAME Obrzut, John  
STREET ADDRESS 2028 Forest Glen Court  
CITY-ST-ZIP Tallahassee FL., 32303

TITLE D ☒ Delete  
NAME BASILE, MICHAEL  
STREET ADDRESS 6119 OX BOTTOM ROAD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☐ Change ☒ Addition  
NAME Hinkle, Dottie  
STREET ADDRESS 2203 W. Pensacola Street G-3  
CITY-ST-ZIP Tallahassee FL., 32304

TITLE DV ☐ Delete  
NAME OBRZUT, JOHN  
STREET ADDRESS 2028 FOREST GLEN CT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE T ☐ Change ☒ Addition  
NAME Jue, Dean  
STREET ADDRESS 3455 Dorchester Court  
CITY-ST-ZIP Tallahassee FL., 32312

TITLE T ☒ Delete  
NAME SCOTT, LEON  
STREET ADDRESS 1201 LEEWOOD HOLLOW  
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE S ☒ Delete  
NAME STONE, PETER  
STREET ADDRESS 1043 ROWELL DR  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

3/29/2000

Date

Daytime Phone #

CR2E037 (9/99)