

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-09-2001 90474 009 ****61.25

DOCUMENT # N27725

1. Entity Name

THE TALLAHASSEE-LEON SHELTER, INC.

Principal Place of Business

P. O. BOX 4062
TALLAHASSEE FL 32303

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

32315-4062

4. FEI Number

59-2910293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAEFFER, JANE
2600 BANTRY BAY DR
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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 H Shaeffer
Signature, typed or printed name of registered agent and title (if applicable).

Jane Shaeffer

(NOTE: Registered Agent signature required when reinstating)

3/7/01

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

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

TITLE P ☐ Delete
NAME SHAEFFER, JANE
STREET ADDRESS 2600 BANTRY BAY DRIVE Director
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ Delete
NAME OBRZUT, JOHN
STREET ADDRESS 2028 FOREST GLEN COURT Delete
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE S ☐ Delete
NAME HINKLE, DOTTIE
STREET ADDRESS 2203 W. PENSACOLA STREET Director
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE T ☒ Delete
NAME JUE, DEAN
STREET ADDRESS 3455 DORCHESTER COURT Delete
CITY-ST-ZIP TALLAHASSEE FL 32312

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☒ Change ☐ Addition
NAME John Prazzel
STREET ADDRESS 1652 Snowball Way Director
CITY-ST-ZIP Tallahassee FL., 32301

TITLE T ☒ Change ☐ Addition
NAME Michael Dobson
STREET ADDRESS 521 W. 6th Avenue Director
CITY-ST-ZIP Tallahassee FL., 32303

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

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

TITLE ☐ Change ☐ Addition
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 or without other like empowered.

SIGNATURE:

Jane H Shaeffer REQUIRED By (Director)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

224-9055

CR2037 (10/00)