

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90150 009 ****70.00

DOCUMENT # N27725

1. Entity Name

THE TALLAHASSEE-LEON SHELTER, INC.



Principal Place of Business

**468-480 W. TENNESSEE STREET
TALLAHASSEE FL 32301**

Mailing Address

**468-480 W. TENNESSEE STREET
TALLAHASSEE FL 32301
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 40602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

4. FEI Number **59-2910293**

Applied For

Not Applicable

Zip

Country

Zip

Country

32305

Leon

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 **Mel Eby**
Street Address (P.O. Box Number is Not Acceptable)
468 West Tennessee St
Tallahassee FL
City **FL** Zip Code **32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mel Eby** **Mel Eby Exec Director**

3-19-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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 **DP** ☒ Change ☐ Addition
NAME **Deborah Kleinman - Robinson**
STREET ADDRESS **3208 Triton Circle**
CITY-ST-ZIP **Tallahassee FL 32304**

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

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

TITLE **D** ☒ Delete
NAME **DOBSON, MICHAEL**
STREET ADDRESS **521 W. 6TH AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☒ Delete
NAME **BRAZZEL, JOHN**
STREET ADDRESS **1652 SNOWBALL WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **DS** ☒ Delete
NAME **HINKLE, DOTTIE**
STREET ADDRESS **2203 W. PENSACOLA STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

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

TITLE **DV** ☐ Delete
NAME **PIETRODANGELO, DANNY**
STREET ADDRESS **406 TIMBERLANE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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 Mel Eby**

3-19-03 (850) 224 9055

CR2E037 (10/02)