

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90334 041 \*\*\*\*61.25

**DOCUMENT # N27787**

1. Entity Name  
**CASA 12, INC.**

Principal Place of Business      Mailing Address  
**2041 TECH PLACE**      **1006 WAVERLY ROAD**  
**TALLAHASSEE FL 32308**      **TALLAHASSEE FL 32312-2814**



DO NOT WRITE IN THIS SPACE

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 **59-2915458**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOUGHERTY, RALPH C.**  
**1006 WAVERLY ROAD**  
**TALLAHASSEE FL 32312-2814**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BEACHESNE, SUSAN</b>	
STREET ADDRESS	<b>1445 RENEGADE TR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMRICK, RUDY</b>	
STREET ADDRESS	<b>3706 MOCKING BIRD LANE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, HUGH</b>	
STREET ADDRESS	<b>3028 WALDEN RD 1025 MYERS PARK</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOUCK, CARLA</b>	
STREET ADDRESS	<b>1258 REDFIELD RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGHERTY, RALPH</b>	
STREET ADDRESS	<b>1006 WAVERLY</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D T E B O</b>	<input type="checkbox"/> Delete
NAME	<b>TEBO, ANNETTE</b>	
STREET ADDRESS	<b>3200 BALDWIN DR, WEST</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP TITCHER, ROBERT</b>	
STREET ADDRESS	<b>3401 ROBINHOOD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, HUGH</b>	
STREET ADDRESS	<b>3028 WALDEN RD 1025 MYERS</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D T E B O, ANNETTE</b>	
STREET ADDRESS	<b>3200 Baldwin Dr. West</b>	
CITY-ST-ZIP	<b>Tallahassee FL 32308</b>	

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, without any like empowerment.

SIGNATURE: *S. Ralph Dougherty*      1/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)