

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90111 042 ****61.25

DOCUMENT # N27787

1. Entity Name

CASA 12, INC.

Principal Place of Business

Mailing Address

**2041 TECH PLACE
 TALLAHASSEE FL 32308**

**1006 WAVERLY ROAD
 TALLAHASSEE FL 32312-2814**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2915458

Applied For

Not Applicable

Zip

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **T** Delete
 NAME **BEACHESNE, SUSAN**
 STREET ADDRESS **1445 RENEGADE TR**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **T** Change Addition
 NAME **HANCO, HOUIS**
 STREET ADDRESS **202 BRITT ST**
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **VP** Delete
 NAME **TITCHER, ROBERT**
 STREET ADDRESS **3401 ROBINHOOD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **JACK G. SAMS** Change Addition
 NAME **JACK G. SAMS**
 STREET ADDRESS **1258 SHADVILLE RD**
 CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **P** Delete
 NAME **TAYLOR, HUGH**
 STREET ADDRESS **1025 MYERS**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **S** Change Addition
 NAME **KNIGHTS, Phyllis**
 STREET ADDRESS **PO Box 14809**
 CITY-ST-ZIP **Tallahassee FL 32317-4809**

TITLE **S** Delete
 NAME **HOUCK, CARLA**
 STREET ADDRESS **1258 REDFIELD RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** Delete
 NAME **DOUGHERTY, RALPH**
 STREET ADDRESS **1006 WAVERLY**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** Delete
 NAME **TEBO, ANNETTE**
 STREET ADDRESS **3200 BALDWIN DR, WEST**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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: *Houck* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02

850-425-6200

Date

Daytime Phone #

CR2E037 (9/01)