

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28376

1. Entity Name

THE ASSOCIATION OF THE UPPER ROOM FOUNDATION, IN

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90066 032 ****61.25

Principal Place of Business

705 WEST JEFFERSON STREET
C/O TIMOTHY F. JONES
TALLAHASSEE FL 32304

Mailing Address

705 WEST JEFFERSON STREET
C/O TIMOTHY F. JONES
TALLAHASSEE FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0704741

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, TIMOTHY F.
705 WEST JEFFERSON STREET
TALLAHASSEE FL 32304

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 PD ☐ Delete
NAME WILSON, RICH REV
STREET ADDRESS 4015 QUAIL ROOST DR
CITY-ST-ZIP QUINCY FL 32351

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

TITLE VD ☒ Delete
NAME TINDALE, ROBERT
STREET ADDRESS 2800 SHAMROCK SOUTH
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ Change ☒ Addition
NAME Geiger, Claude
STREET ADDRESS 3048 Cornib Dr.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE TD ☐ Delete
NAME FRITCHMAN, BILL
STREET ADDRESS 880 TAMARACLE AVE
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☐ Delete
NAME WEAVER, CHARLES REV
STREET ADDRESS PO BOX 13766
CITY-ST-ZIP TALLAHASSEE FL 32315

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

TITLE D ☒ Delete
NAME MORPONIOS, DEAN
STREET ADDRESS 1321 BLOCKFORD CT W
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Change ☒ Addition
NAME Property Chair Devore, T.
STREET ADDRESS 1350-E4 Mahan Dr. #101
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D ☐ Delete
NAME JONES, TIMOTHY F.
STREET ADDRESS 705 W JEFFERSON ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Change ☐ Addition
NAME Same
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy F. Jones 1/22/01 850-222-0251
Date Daytime Phone #

CR2E037 (10/00)