

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28572

1. Entity Name

TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC

Principal Place of Business

Mailing Address

C/O BETH J. LACIVITA  
602 MCDONNELL DRIVE  
TALLAHASSEE FL 32310  
US

C/O BETH J. LACIVITA  
602 MCDONNELL DRIVE  
TALLAHASSEE FL 32310-4808  
US

2. Principal Place of Business  
Same as above

3. Mailing Address  
Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-2921039

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

LACIVITA, BETH J  
602 MCDONNELL DRIVE  
TALLAHASSEE FL 32310

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 DVC  
NAME PENTON, DANIEL  
STREET ADDRESS 4804 DEERRUNN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE DC  
NAME ROZELISKI, ANN  
STREET ADDRESS 905 CHESTWOOD AVE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE  
NAME Kozeliski, Ann  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME EATON, JAMES N.  
STREET ADDRESS 2553 LONNBLADH RD.  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE Director, Treasurer  
NAME Phipps, Benjamin K.  
STREET ADDRESS P.O. Box 1351  
CITY-ST-ZIP Tallahassee, FL 32302 ☐ Change ☐ Addition

TITLE D  
NAME KNETSCH, JOE  
STREET ADDRESS 166 MEADOW RIDGE DR  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

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

TITLE D  
NAME LANHAM, DON  
STREET ADDRESS 237 EAST WASHINGTON STREET  
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE DS  
NAME CLEVELAND, MARY A  
STREET ADDRESS 3406 DUNDALK DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

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: *Beth J. Lacivita* REBETH J. LACIVITA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2000 (850) 222-7100

Date

Daytime Phone #

CR2E037 (9/99)