

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

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90058 047 \*\*\*\*\*61.25

**DOCUMENT # N28572**

1. Entity Name

**TALLAHASSEE TRUST FOR HISTORIC PRESERVATION, INC**



Principal Place of Business

**423 E VIRGINIA ST  
TALLAHASSEE FL 32301  
US**

Mailing Address

**423 E VIRGINIA ST  
TALLAHASSEE FL 32301  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**LACIMTA, BETH J  
423 E VIRGINIA ST  
TALLAHASSEE FL 32301**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TTHP** ☒ Delete  
NAME **TARMEY, MARK**  
STREET ADDRESS **2006 E. FOREST DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **C** ☒ Change ☐ Addition  
NAME **Conner, Valerie J.**  
STREET ADDRESS **534 Oakland Ave.**  
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **VC** ☒ Delete  
NAME **CONNER, VALERIE J**  
STREET ADDRESS **534 OAKLAND AVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VC** ☒ Change ☐ Addition  
NAME **Chin, Andrew**  
STREET ADDRESS **1936 S. MLK BLVD**  
CITY-ST-ZIP **Tallahassee, FL 32307**

TITLE **DT** ☐ Delete  
NAME **PHIPPS, BENJAMIN K**  
STREET ADDRESS **PO BOX 1351**  
CITY-ST-ZIP **TALLAHASSEE FL 32302**

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

TITLE **D** ☐ Delete  
NAME **CLEVELAND, MARYANN**  
STREET ADDRESS **3406 DUNDALK DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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

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

TITLE **DS** ☐ Delete  
NAME **CLEVELAND, MARY A**  
STREET ADDRESS **3406 DUNDALK DRIVE**  
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:

*Signature*

2/18/03

(850)

488-7100

CR2E037 (10/02)