

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28760

1. Entity Name

TALLAHASSEE CHAPTER OF THE FLORIDA ASSOCIATION O

Principal Place of Business

Mailing Address

325 WEST PARK AVE
TALLAHASSEE FL 32301
US

325 WEST PARK AVE
TALLAHASSEE FL 32301-1413
US

2. Principal Place of Business

863 East Park Avenue

3. Mailing Address

863 East Park Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-2911479

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTINGTON, STEVEN B
325 W. PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Foster, Matthew K.

Street Address (P.O. Box Number is Not Acceptable)

863 East Park Avenue

City

Tallahassee

FL

Zip Code

32301

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

Matthew K. Foster, President

4/13/2000

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAUFMAN, CHEF	
STREET ADDRESS	LEON COUNTY COURTHOUSE, RM. 401	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITTINGTON, STEVEN B	
STREET ADDRESS	325 W. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOSTER, MATT	
STREET ADDRESS	8653 E. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ANSTEAD, LAURA	
STREET ADDRESS	LEON COUNTY COURTHOUSE, RM 401	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBOEUF, DEAN	
STREET ADDRESS	863 E. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, PAULA	
STREET ADDRESS	LEON COUNTY COURTHOUSE, RM 401	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schultz, Thomas Jr.	
STREET ADDRESS	P.O. Box 10368	
CITY-ST-ZIP	Tallahassee, FL 32302-2368	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster, Matthew K.	
STREET ADDRESS	863 East Park Avenue	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Undetermined	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenberg, Richard	
STREET ADDRESS	P.O. Box 925	
CITY-ST-ZIP	Tallahassee, FL 32302-0925	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LeBoeuf, Dean	
STREET ADDRESS	863 East Park Avenue	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saunders, Paula	
STREET ADDRESS	Leon County Courthouse, Rm. 401	
CITY-ST-ZIP	Tallahassee, FL 32301	

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:

Matthew K. Foster, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

DATE

850-222-2000

Daytime Phone #

CR2E037 (9/99)