2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State
06-05-2001 90029 033 ****61.25

DOCUMENT # N28760

1. Entity Name

TALLAHASSEE CHAPTER OF THE FLORIDA ASSOCIATION O

Principal Place of Business	Mailing Address
863 EAST PARK AVENUE TALLAHASSEE FL 32301 US	863 EAST PARK AVENUE TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 W. COLLEGE AVE.	200 W. College Ave.
Suite, Apt. #, etc. Suite 302	Suite, Apt. #, etc. Suite 302
City & State Tallahassee, FL	City & State Tallahassee FL
Zip 32301 Country U.S	Zip 32301 Country U.S.

4. FEI Number 59-2911479 ☐ Applied For ☐ Not Applicable

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
FOSTER, MATTHEW K 863 EAST PARK AVENUE TALLAHASSEE FL 32301	Name Clyde M. Taylor, Jr. Street Address (P.O. Box Number is Not Acceptable) 200 W. College Ave. Suite 302 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 Clyde M. Taylor DATE 5/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**
FILE NOW: FEE IS $61.25.		

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHUITE JR, THOMAS PO BOX 10368 TALLAHASSEE FL 32302-2368	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOSTER, MATTHEW K 863 EAST PARK AVENUE TALLAHASSEE FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PRESIDENT CLYDE M. TAYLOR JR 200 W. COLLEGE #302 TALLA., FL 32301	☑ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GREENBERG, RICHARD PO BOX 925 TALLAHASSEE FL 32302-0925	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANSTEAD, LAURA LEON COUNTY COURTHOUSE, RM 401 TALLAHASSEE FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEBOEUF, DEAN 863 E. PARK AVENUE TALLAHASSEE FL 32301	☐ Delete D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUNDERS, PAULA LEON COUNTY COURTHOUSE, RM 401 TALLAHASSEE FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 Richard A. Greenberg 5/30/01 681-9848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #