

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34827

1. Entity Name

COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF TALLAHAS

Principal Place of Business

Mailing Address

P.O. BOX 1462
TALLAHASSEE FL 32302

P.O. BOX 1462
TALLAHASSEE FL 32302-1462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2123181

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

DOUGAN, BRIAN S
5630 EMMA LANE
TALLAHASSEE FL 32311

Name JAMES G. WALTERMYER

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

1346 ALSHIRE COURT

City TALLAHASSEE

FL

Zip Code 32311

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

James G. Waltermeyer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 29, 2000

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 D
NAME MCDANIEL, DAN
STREET ADDRESS 1907 IVAN DRIVE
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VD
NAME ROBERTS, DOROTHY
STREET ADDRESS 1506 WEKAWA NENE
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE D
NAME STEPHENS, EDWINA
STREET ADDRESS 608 FAMCEE ST
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE TD
NAME DOUGAN, BRIAN S
STREET ADDRESS 5630 EMMA LANE
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE PD
NAME SPENCE, DOROTHY
STREET ADDRESS 310 CHAIRES RD
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T/D
NAME WALTERMYER, JIM
STREET ADDRESS 1346 ALSHIRE COURT
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Change ☒ Addition

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

TITLE D
NAME BEESON, ROBERT E.
STREET ADDRESS 903 ALLIEGOOD COURT
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☐ Change ☒ Addition

TITLE D
NAME OLMSTEAD, ROBERT
STREET ADDRESS 1412 S. MERIDIAN
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Change ☒ Addition

TITLE D
NAME SPENCE, DOT
STREET ADDRESS 3982 CHAIRES RD.
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☒ Change ☐ Addition

TITLE D
NAME RICHARDSON, CURTIS
STREET ADDRESS 533 TUSKEGEE
CITY-ST-ZIP TALLAHASSEE, FL 32310 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000

Date

487-2589

Daytime Phone #

CR2E037 (9/99)