2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90290 003 ****61.25

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

DO NOT WRITE IN THIS SPACE

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

WALTERMYER, JAMES G
1346 ALSHIRE COURT
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDANIEL, DAN 1907 IVAN DRIVE TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GREGG PATTERSON 2770 THORNTON ROAD TALLAHASSEE, FL 32308 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERTS, DOROTHY 1506 WEKAWA NENE TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY [redacted] MCPHERSON 1506 WEKAWA NENE TALLAHASSE, FL 32301 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPHENS, EDWINA 608 FAMCEE ST TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D BOB FULFORD 231 WESTRIDGE DR. TALLAHASSEE, FL 32304 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOUGAN, BRIAN S 5630 EMMA LANE TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D JANE PARSONS [redacted] 2086 W. FOREST DR. TALLAHASSEE, FL 32303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCE, DOT 3982 CHAIRES RD TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D CANDY BARRIOS 2485 OX BOTTOM RD TALLAHASSEE, FL 32312 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARDSON, CURTIS 533 TUSKEGEE TALLAHASSEE FL 32310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D JIM WALTERMYER 1346 ALSHIRE CT. TALLAHASSEE, FL 32311 ☐ 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 REQUIRED April 14, 2001 487-2589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #