## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 01, 2002 8:00 am Secretary of State **DOCUMENT # N34827** 1. Entity Name 05-01-2002 91609 015 \*\*\*\*61 25 COUNCIL OF NEIGHBORHOOD ASSOCIATIONS OF TALLAHAS SEE-LEON COUNTY, INC. Principal Place of Business Mailing Address P.O. BOX 1462 P.O. BOX 1462 TALLAHASSEE FL 32302 TALLAHASSEE FL 32302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2123181 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_\_\_ region - you work - - - -حادث چاند سا Street Address (P.O. Box Number is Not Acceptable) WALTERMYER, JAMES G .1346 ALSHÎRE COURT TALLAHASSEE FL 32311 Zip Code FL 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 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE TITLE Delete ☐ Change ☐ Addition NAME PATTERSON, GREGG NAME STREET ADDRESS STREET ADDRESS 2770 THORNTON ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE **X** Delete Change TITLE **Addition** DOT SPENSE NAME MCPHERSON, DOROTHY NAME 3982 CHAIRES CROSS ROAD STREET ADDRESS STREET ADDRESS 1506 WEKAWA NENE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE Delete TITLE \*\* Change - X Addition-TRAVIS POTTER NAME Fulford, Bob NAME 2752 OAK PARK COUNT STREET ADORESS STREET ADDRESS 231 WESTRIDGE DRIVE CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32304 TALLAHASSEE, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PARSONS, JANE NAME STREET ADDRESS STREET ADDRESS 2086 W FOREST DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 SD Delete TITLE ☐ Change **Addition** NAME BARRIOS, CANDY NAME ALBERT TRULL 216 E. OAKLAND AVE. STREET ADDRESS 2485 OX BOTTOM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tallahassee FL 32312 TITLE TD ☐ Delete TITLE ☐ Change Addition Waltermyer, Jim NAME STREET ADDRESS 1346 ALSHIRE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32311 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.

**FILED** 

487-2589