

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40053

1. Entity Name

THE TALLAHASSEE SCIENTIFIC SOCIETY, INCORPORATED

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90030 016 ****61.25

Principal Place of Business

Mailing Address

C/O ANGELA MORRISON
123 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301

C/O ANGELA MORRISON
123 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301-1517

2. Principal Place of Business

3. Mailing Address

FAMU-ESU College of Eng. 2525 Pottsdamer St

Suite, Apt. # etc.

Suite, Apt. # etc.

B206

B206

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

Zip
32310-6046

Country
USA

Zip
32310-6046

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3128863

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

MORRISON, ANGELA
C/O HOPPING, BOYD, GREEN AND SAMS
123 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301

Name
DAVID EDELSON
Street Address (P.O. Box Number is Not Acceptable)
1107 KENILWORTH ROAD
City
TALLAHASSEE FL Zip Code
32312

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 DAVID EDELSON Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/1/00

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	DT EDELSON, DAVID 1107 KENILWORTH RD TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, BILL 123 SOUTH CALHOUN ST. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HALL, AL 4335 SHERBORNE RD. TALLAHASSEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, FRANKLIN 1811 RAA AVE TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THAGARD, DR. NORMAN 502 NORTH RIDE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DENNIS, LARRY DR 648 DERBYSHIRE DRIVE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG-JEN CHEN 2525 Pottsdamer St TALLAHASSEE FL 32310-6046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICHARD FISHER 2525 Pottsdamer St TALLAHASSEE FL 32310-6046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF REGISTERED AGENT DAVID EDELSON Date 4/1/00 385-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)