

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40053

1. Entity Name

THE TALLAHASSEE SCIENTIFIC SOCIETY, INCORPORATED

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90185 042 ****61.25

Principal Place of Business

Mailing Address

FAMU-FSU COLLEGE OF ENGINEERING
2525 POTSDAMER -B206
TALLAHASSEE FL 32310-6046

FAMU-FSU COLLEGE OF ENGINEERING
2525 POTSDAMER -B206
TALLAHASSEE FL 32310-6046

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

59-3128863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDELSON, DAVID
1107 KENILWORTH RD
TALLAHASSEE FL 32312

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 DT
NAME EDELSON, DAVID ☐ Delete
STREET ADDRESS 1107 KENILWORTH RD
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME DON WOOD ☐ Change ☒ Addition
STREET ADDRESS 2000 N MERIDIAN RD # 284
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D
NAME GREEN, BILL ☐ Delete
STREET ADDRESS 123 SOUTH CALHOUN ST.
CITY-ST-ZIP TALLAHASSEE FL

TITLE DV
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE DP
NAME HALL, AL ☐ Delete
STREET ADDRESS 4335 SHERBORNE RD.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME DAVID GROENDER ☐ Change ☒ Addition
STREET ADDRESS 2403 MIRANDA AVE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE D
NAME CHING-JEN, CHEN ☒ Delete
STREET ADDRESS 2525 POTSDAMER ST
CITY-ST-ZIP TALLAHASSEE FL 32310-6046

TITLE P
NAME PENNY GILMER ☐ Change ☒ Addition
STREET ADDRESS 3235 RODINITOOD RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D
NAME THAGARD, DR. NORMAN ☒ Delete
STREET ADDRESS 502 NORTH RIDE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D
NAME JOE CAIN ☐ Change ☒ Addition
STREET ADDRESS 2807 STERLING DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DS
NAME FISHER, RICHARD ☐ Delete
STREET ADDRESS 2525 POTSDAMER ST
CITY-ST-ZIP TALLAHASSEE FL 32310-6046

TITLE D
NAME BRIAN FISHER ☐ Change ☒ Addition
STREET ADDRESS 2562 LAKEFAIR DR
CITY-ST-ZIP TALLAHASSEE FL 32317

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

Date

Daytime Phone #

CR2E037 (9/01)