2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000668

1. Entity Name

TALLAHASSEE CHAPTER OF THE INSTITUTE OF INTERNAL

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90038 024 ****61.25

Principal Place of Business	Mailing Address
P O BOX 10049 TALLAHASSEE FL 32302-2049	P O BOX 10049 TALLAHASSEE FL 32302-2049

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 59-3093907 ☐ 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
GOODMAN, JUDY 605 SUWANNEE ST Suwannee MS 44 TALLAHASSEE FL 32319-0450	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	P BOYD, JIM 500 S DUVAL ST TALLAHASSEE FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MIGUEL, MELINDA 4040 Esplanade Way 725-S BRONOUGH ST ROM 210C Suite 315Q TALLAHASSEE FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOODMAN, JUDY 605 SUWANNEE ST MS 44 TALLAHASSEE FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAYFIELD, ANGELA 2940 E PARK AVE 2ND FL TALLAHASSEE FL 32399-0800	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, KATHY 2600 BLAIRSTONE RD MS-40 TALLAHASSEE FL 32399-2400	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, EDGAR 2900 APALACHEE PKWY B440 TALLAHASSEE FL 32399-6552	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Judy M. Goodman Judy M. Goodman 2-18-00 850-488-2501 x106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #