

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004597

1. Entity Name

TALLAHASSEE CHESS ASSOCIATION, INC.

Principal Place of Business

3305 VASSAR CT
TALLAHASSEE FL 32308
US

Mailing Address

3305 VASSAR CT
TALLAHASSEE FL 32308
US

2. Principal Place of Business

1605 Folkstone Rd

3. Mailing Address

1605 Folkstone Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City State

Tallahassee, FL

City State

Tallahassee, FL

Zip

32312

Country

USA

Zip

32312

Country

USA

4. FEI Number

59-3154571

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TER LOW, JAY D
3305 VASSAR CT
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

William Mc Tigue

Street Address (P.O. Box Number is Not Acceptable)

1605 Folkstone Rd

City

Tallahassee

State

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

William Mc Tigue

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-23-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MENSER, MARK	
STREET ADDRESS	1024 GREEN HILL TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FROEMKE, ROBERT L	
STREET ADDRESS	1516 ARGONNE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TER LOUW, JAY	
STREET ADDRESS	3305 VASSAR COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCTIGUE, WILLIAM	
STREET ADDRESS	5547 MOSSY TOP WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Mc Tigue	
STREET ADDRESS	1605 Folkstone Rd	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John A. Kathan	
STREET ADDRESS	1424 Jani Tr	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Billy Haynie	
STREET ADDRESS	RT 3 Box 18 E	
CITY-ST-ZIP	Greenville, FL 32331	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABER SAUMANN	
STREET ADDRESS	4074 COTTAGE WOOD TR	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

William Mc Tigue

Date

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-25-2000 90003 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)