

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005140

1. Entity Name

TALLAHASSEE YOUNG MEN'S CHRISTIAN ASSOCIATION, I

Principal Place of Business

Mailing Address

2001 APALACHEE PARKWAY
TALLAHASSEE FL 32301

2001 APALACHEE PARKWAY
TALLAHASSEE FL 32301

2. Principal Place of Business

2001 Apalachee Pkwy

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32301

Country

USA

Zip

Country

4. FEI Number

59-0808247
59-0909247

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

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
COLE, BRADLEY D
2001 APALACHEE PKWY
TALLAHASSEE FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

C
SHAW, FRANK III
3520 THOMASVILLE ROAD
TALLAHASSEE FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CD
DELOACH, GREG
PO BOX 749
TALLAHASSEE FL 32302

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VCD
MADIGAN, TERRY
200 W COLLEGE AVE
TALLAHASSEE FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
LEWIS, JUDGE TERRY
301 S MONROE, ROOM 265A
TALLAHASSEE FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VC
PROCTOR, THEO W
P.O. BOX 230
TALLAHASSEE FL 32304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90029 001 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)