2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000789

1. Entity Name

BIG BEND VICTIM ASSISTANCE COALITION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90218 005 ****61.25

Principal Place of Business	Mailing Address
TALLAHASSEE POLICE DEPARTMENT VICTIM ASSISTANCE UNIT, 234 E 7TH AVE. TALLAHASSEE FL 32303	P.O.BOX 3393 TALLAHASSEE FL 32315-3393

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 59-3287240 ☐ 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
MCARTHUR, JILL 234 E SEVENTH AVE TALLAHASSEE FL 32303	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 _____ 2-22-00
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	V MCARTHUR, JILL 234 E 7TH AVE TALLAHASSEE FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Maureen O'Neil PO Box 20910 Tall, FL 32316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLLIER, JAN 925 EASTERWOOD DR. TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kathy Connelly Leon County SO PO Box 727 Tall, FL 32302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESSIG, LARA 234 E. SEVENTH AVE TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Georgia Wiley PO Box 20910 Tall, FL 32316	☐ Change ☒ Addition
TITLE TD / NAME / STREET ADDRESS / CITY-ST-ZIP	X SCURTI, KIM 3045 JENNA DR TALLAHASSEE FL	☐ Delete ☒ Change	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	Pat Ortega PO Box 20910 Tall, FL 32316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAPP, RYN 301 S. MONROE TALLAHASSEE FL 32301	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, LESLIE 234 7TH AVE TALLAHASSEE FL 32303	☒ 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: _____ Treasurer 2-22-00 414-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #