2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90101 033 ****61.25

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DOCUMENT # N94000000789

1. Entity Name

BIG BEND VICTIM ASSISTANCE COALITION, INC.

Principal Place of Business	Mailing Address
TALLAHASSEE POLICE DEPARTMENT VICTIM ASSISTANCE UNIT. 234 E 7TH AVE. TALLAHASSEE FL 32303	Same ~~P.O.BOX 8000 TALLAHASSEE FL 32315~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	234 E. Seventh Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tallahassee Florida
Zip / Country	Zip: 32303 / Country: USA

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: Jill McArthur Jill McArthur 3-27-01
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 O'NEIL, MAUREEN PO BOX 20910 TALLAHASSEE FL 32316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Helene Potlock 301 S. Monroe St. Tallahassee, FL 32399-1050	☐ 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	S Jill McArthur 234 E. Seventh Avenue Tallahassee, FL 32303	☐ 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 Pat Ortega 301 S. Monroe St. Tallahassee, FL. 32399-1050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCURTI, KIM 3045 JENNA DR TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Pat Parks Po Box 20910 Tallahassee, FL 32316	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONNELLY, KATHY LEON COUNTY 50 PO BOX 727 TALLAHASSEE FL 32302	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILEY, GEORGIA PO BOX 20910 TALLAHASSEE FL 32316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Janice Williamson 1563 B Coombs Dr. Tallahassee, FL 32308	☐ Change ☒ Addition

CR2E037 (10/00)

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: Jill McArthur 3-27-01 850-891-4246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #