2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90670 018 ****61.25

0005686

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	234 E 7TH AVE TALLAHASSEE FL 32303

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 Jill McArthur 4/2/02
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 POTLOCK, HELENE 301 S MONROE ST TALLAHASSEE FL 32399-1057	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARTHUR, JUIME 234 E 7TH AVE TALLAHASSEE FL 32303	☒ Delete	PD McARTHUR Jill 234 East 7th Ave Talla, Fl 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRTEGA, PAT 301 S MONROE ST TALLAHASSEE FL 32399-1050	☒ Delete	SD Lamar Denita 2825 Municpal Way Talla, Fl 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARKS, PAT PO BOX 20910 TALLAHASSEE FL 32316	☒ Delete	TD Jones Tanya 107 West Gaine St Talla Fl 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONNELLY, KATHY LEON COUNTY 50 PO BOX 727 TALLAHASSEE FL 32302	☒ Delete	D Asbell, Kathy Refuse House PO Box 1018 Crawfordville, Fl 32326	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMSON, JAMES 1563 COMBS DR. TALLAHASSEE FL 32308	☒ Delete	D miller Leslie 234 East 7th Ave Talla, Fl 32303	☐ Change ☒ Addition

CR2E037 (9/01)

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: Tanya Jones Treasurer 4/2/02 850 414-3316

2002 UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT
ADDITION

0005686

DOCUMENT # N94000000789/6274847

Entity Name

BIG BEND VICTIM ASSISTANCE COALITION, INC.

Principal Place of Business	Mailing Address
LLAHASSEE POLICE DEPARTMENT CTIM ASSISTANCE UNIT. 234 E 7TH AVE. LLAHASSEE FL 32303	234 E 7TH AVE TALLAHASSEE FL 32303

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: Jill McArthur 4/2/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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
2nd page continued	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: D Hicks, Catherine, 2033 Ascott Way, Talla, Fl 32312 ☐ Change ☒ Addition
	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: D La Rosa Dennis, 2331 Tour Eiffel Dr, Talla, Fl 32312 ☐ Change ☒ Addition
	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: D Wilson, Jessica, 301 South Monroe St, Talla, Fl 32399-1057 ☐ Change ☒ Addition
	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition

CR2E037 (9/01)

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: Laura Jones Treasurer 4/2/02 850 414-3316