

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0100317

DOCUMENT # N95000003812

1. Entity Name
TFT FRIENDS, INC.



FILED

03 FEB 25 PM 2: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3485 HYDE PARKWAY
TALLAHASSEE FL 32209

Mailing Address

3485 HYDE PARKWAY
TALLAHASSEE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3328863

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOOPER, HARRY L
3485 HYDE PARKWAY
TALLAHASSEE FL 32209

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOOPER, HARRY L
STREET ADDRESS 3485 HYDE PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Change ☐ Addition
NAME 600014085376
STREET ADDRESS 03/14/03--01034--008 ***61.25
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME STRIGHT, LISA M
STREET ADDRESS 2113 W. DELLVIEW DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WILLIAMS, BARRY
STREET ADDRESS 2015 WHIRLAWAY TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE D ☐ Change ☐ Addition
NAME TIM CARLISLE
STREET ADDRESS 5785 COUNTRYSIDE DR
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE STD ☐ Delete
NAME SHULTZ, CAROL S
STREET ADDRESS RT 3 BOX 578
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME FRAZIER, DANIEL H
STREET ADDRESS 1114 CLARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

Feb 14, 2003 488-9675

CR2E037 (10/02)