

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90336 045 *****61.25

0077919

DOCUMENT # N95000004857

1. Entity Name

FRIENDS OF THE FEATHERED INC.

Principal Place of Business

857 SEMINOLE BLVD.
TARPON SPRINGS FL 34689

Mailing Address

857 SEMINOLE BLVD.
TARPON SPRINGS FL 34689

2. Principal Place of Business

9782 W. Laurel Oak Lane

Suite, Apt. #, etc.

3. Mailing Address

9782 W. Laurel Oak Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River FL

City & State

Crystal River, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34428

Country

USA

Zip

34428

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALLMAN, CAROL A
857 SEMINOLE BLVD.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name: Carol A. Tallman

Street Address (P.O. Box Number is Not Acceptable)

9782 W. Laurel Oak Lane

City: Crystal River

FL

Zip Code

34428

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

Carol A. Tallman

Carol A. Tallman

1-31-01

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

TITLE: PD
NAME: TALLMAN, ALLEN R
STREET ADDRESS: 857 SEMINOLE BLVD.
CITY-ST-ZIP: TARPON SPRINGS FL 34689 ☐ Delete

TITLE: VD
NAME: PERRY, MICHAEL
STREET ADDRESS: 427 BROADWAY
CITY-ST-ZIP: DUNEDIN FL 34698 ☐ Delete

TITLE: D
NAME: HOVER, CHRIS
STREET ADDRESS: 4037 GRAYTON DR.
CITY-ST-ZIP: NEW PT RICHEY FL 34652 ☒ Delete

TITLE: D
NAME: MEGALLOUDIS, GARY
STREET ADDRESS: 342 CROSSWINDS DR
CITY-ST-ZIP: PALM HARBOR FL 34683 ☐ Delete

TITLE: TD
NAME: GROSS, GILDA
STREET ADDRESS: 3146 SUTTON PL
CITY-ST-ZIP: HOLIDAY FL 34691 ☐ Delete

TITLE: S
NAME: CAROL A TALLMAN
STREET ADDRESS: 857 SEMINOLE BLVD
CITY-ST-ZIP: TARPON SPRGS FL 34689 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President
NAME: Allen R. Tallman
STREET ADDRESS: 9782 W. Laurel Oak Lane
CITY-ST-ZIP: Crystal River, FL. 34428 ☒ Change ☐ Addition

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

TITLE: Director
NAME: Sally Hannameyer
STREET ADDRESS: 1216 Bell Drive
CITY-ST-ZIP: Clearwater, FL. 33764 ☐ Change ☒ Addition

TITLE: Director
NAME: Gary Megaloudis
STREET ADDRESS: 621 Baynard Ct.
CITY-ST-ZIP: Tarpon Springs, FL. 34689 ☒ Change ☐ Addition

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

TITLE: Secretary
NAME: Carol A. Tallman
STREET ADDRESS: 9782 W. Laurel Oak Lane
CITY-ST-ZIP: Crystal River, FL. 34428 ☒ 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 of Allen R. Tallman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen R. Tallman

Date

Daytime Phone #

1-31-01

352-795-9819

CR2E037 (10/00)