

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90115 022 ****61.25

DOCUMENT # N95000004857

1. Entity Name

FRIENDS OF THE FEATHERED INC.



Principal Place of Business

**7410 W NEWCASTLE COURT
DUNNELLON FL 34433**

Mailing Address

**7410 W NEWCASTLE COURT
DUNNELLON FL 34433**

2. Principal Place of Business

7410 W. Newcastle Ct

3. Mailing Address

7410 W. Newcastle Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon FL

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

34433

Country

USA

Zip

34433

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TALLMAN, CAROL A
7410 W NEWCASTLE COURT
DUNNELLON FL 34433**

7. Name and Address of New Registered Agent

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: **Carol A. Tallman**

Carol A. Tallman

1-28-03

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	P	<input type="checkbox"/> Delete
NAME	TALLMAN, ALLEN R	
STREET ADDRESS	7410 W NEWCASTLE COURT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRY, MICHAEL	
STREET ADDRESS	427 BROADWAY	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALLMAN, CAROL A	
STREET ADDRESS	7410 W NEWCASTLE COURT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEGALOUDES, GARY	
STREET ADDRESS	621 BAYNARD CT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GROSS, GILDA	
STREET ADDRESS	3146 SUTTON PL	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOVER, MARY	
STREET ADDRESS	2920 ALT 19 SOUTH	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ex-Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tallman, Carol A.	
STREET ADDRESS	7410 W. Newcastle Ct.	
CITY-ST-ZIP	Dunnellon, FL 34433	
TITLE	Perry, Diane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	427 Broadway.	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **Allen R. Tallman** **1-28-03** **352-795-9819**

CR2E037 (10/02)