

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90084 005 \*\*\*\*61.25

**DOCUMENT # N96000000270**  
 1. Entity Name  
**THE UNITED CHURCH IN TALLHASSEE, UNITED CHURCH**

Principal Place of Business <b>1834 MAHAN DRIVE TALLHASSEE FL 32308</b>	Mailing Address <b>1834 MAHAN DRIVE TALLHASSEE FL 32308</b>
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60869



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 <b>59-2773343</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MILFORD, BILL  
 8397 OLDE POST RD  
 TALLHASSEE FL 32311**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>LYNN, SUSAN</b>	
STREET ADDRESS	<b>1439 AVONDALE WAY</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32311</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>DUNAWAY, LAURA</b>	
STREET ADDRESS	<b>1815 BURNS DR</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>WINDHAM, PATRICIA</b>	
STREET ADDRESS	<b>12164 WHITEHOUSE ROAD</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL 32311</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stephanie Clapp</b>	
STREET ADDRESS	<b>4728 Layton Court</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carol Avery</b>	
STREET ADDRESS	<b>8808 Green Oak Drive</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32311</b>	
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: **Patricia Windham** **1-12-2001** **850-488-0555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)