2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Aug 21, 2000 8:00 am
Secretary of State
05-08-2000 90083 012 ****61.25
08-01-2000 90004 031 ****61.25

DOCUMENT # N96000005509

1 Entity Name

THE FAMILY TREE: A LESBIAN, GAY, BISEXUAL COMMUN

Principal Place of Business	Mailing Address
423 E VIRGINIA ST #15 TALLAHASSEE FL 32301 US	P.O BOX 38477 TALLAHASSEE FL 32315 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1406 HAYS ST.	P.O. BOX 38477
Suite, Apt. #, etc.: # 4	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE FL.
Zip: 32301 Country: LEON	Zip: 32315-8477 Country: LEON

4. FEI Number: 59-3411233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, WALLACE
415 E BREVARD
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: LAURIE LONG

Street Address (P.O. Box Number is Not Acceptable): 1406 HAYS ST. # 4

City: TALLAHASSEE FL Zip Code: 32315-8477

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: LAURIE LONG, CO-CHAIR — 7-27-00
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
After September 13, 2000 min. will be $236.25

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	D KIZIRIAN, LUCY D 2982 FOXCROFT DR. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, WALLACE 415 E BREVARD TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, JOHN 412 E. GEORGIA ST. TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-CHAIR LAURIE LONG D 4401 WOODHAVEN DR TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-CHAIR ANGIE NATHANIEL D 1073 GREGORY ST CHATTAHOOCHEE, FL 32324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: LAURIE LONG, CO-CHAIR — 7-27-00 — 850-893-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #