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

## DOCUMENT # N9600005509

Entity Name

THE FAMILY TREE: A LESBIAN, GAY, BISEXUAL COMMUNITY CENTER, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90266 006 \*\*\*\*61.25

Principal Plac	ce of Business	Mailing Address						
1406 HAYS ST #4 TALLAHASSEE FL 32301		P.O BOX 38477					U	
		TALLAHASSEE FL 32315						
	FL 32301	US			1 (4 8 (1) (8) (8) (8)	A BROW ABOUT COURT ECON ROOM ACT	81 81181 81111 88	11 <b>0 (01) (00)</b>
US								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number <b>50-2411233</b> Applied For				
		, Only & Clato			4. FEI Number 59-3411233 Applied For Not Applicable			
Zip	Country	Zip	Coun	try	5. Certificate of Sta		<b>\$8.75</b> Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and Addr	ess of New Registered A	gent	
	<del></del>			Name				
CONE, TRAVIS			-	Street Address (P.O. Box Number is Not Acceptable)				
	YS ST #4		Street Address		ess (HO: Box vampei: is M	ot Acceptable)-	•	
	ISSEE FL 32315-8477			<del></del>		· · · · · · · · · · · · · · · · · · ·		
			-	Cit.		·	Zip Cod	
	·			City		FL	Zip Cod	e l
8. The above	named entity submits this statement	or the purpose of changing its	s registered	office or reg	istered agent, or both, in t	he State of Florida. I am f	amiliar with,	and accept
the obligat	tions of registered gent.					j		(
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SIGNATURE .	Inan Co	<u> </u>			•	4/30	03	
_	Signature, typed or printed name of registered ager	at and title if applicable. (NO	TE: Registered A	gent signature red	quired when reinstating)	DATE		
		1 ** *	m-1		· · · · · -			
ı	FILE NOW: FEE IS \$61.25	9. Election Ca			\$5.00 May Be	Make Check		
I	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees	Make Check Florida Depart		
		Trust Fund	Contribution		Added to Fees	Florida Depart	ment of S	State 
10.	OFFICERS AND D	Trust Fund	Contribution		Added to Fees		ment of S	State
10.	OFFICERS AND D	Trust Fund	11.		Added to Fees	Florida Depart	ment of S	State 
10. TITLE NAME	OFFICERS AND D	Trust Fund	11. TITLE NAME	n,	Added to Fees	Florida Depart	ment of S	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND D CD HAJEK, SHERRIE 935 HAWTHORNE ST	Trust Fund	11. TITLE NAME STREET	ADDRESS	Added to Fees	Florida Depart	ment of S	State
10. TITLE NAME	OFFICERS AND D  CD HAJEK, SHERRIE 935 HAWTHORNE ST TALLAHASSEE FL 32302	Trust Fund (	11. TITLE NAME	ADDRESS	Added to Fees	Florida Depart	ment of S	State
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D CD HAJEK, SHERRIE 935 HAWTHORNE ST TALLAHASSEE FL 32302 CD BUNTING, RON	Trust Fund (	11. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	Added to Fees ADDITIONS/CHANGE	Florida Depart	RECTORS IN Change	10 Addition
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME

GOLDIE, LEO

1951 N MERIDIAN RD #72

TALLAHASSEE FL 32303

SENATURE SEQUIRED

130/03 524-0639

CR2E037 (10/02