2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
08-31-2000 90002 010 ****61.25

DOCUMENT # N96000005677

1. Entity Name

NSBE TALLAHASSEE ALUMNI EXTENSION, INC.

Principal Place of Business	Mailing Address
3943 MAGELLAN TRAIL TALLAHASSEE FL 32303	3943 MAGELLAN TRAIL TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8701 Minnow Creek Drive Suite, Apt. #, etc.	P.O. Box 6221 Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32312 Country: US	Zip: 32314 Country: US

4. FEI Number 59-3413654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKER-GARVIN, WANDA 3943 MAGELLAN TRAIL TALLAHASSEE FL 32303	Name: Arlecia Lewis Street Address (P.O. Box Number is Not Acceptable): 8701 Minnow Creek Drive City: Tallahassee, FL Zip Code: 32312

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: X Arlecia Lewis President 8-29-00
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	TT PARKER-GARVIN, WANDA 3943 MAGELLAN TRAIL TALLAHASSEE FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Janet Ashwood P.O. Box 5232 Tallahassee, FL 32314	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ASHWOOD, JANET P.O. BOX 5232 TALLAHASSEE FL 32314	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Andrew Lawyer 8834 Sapphire Drive Tallahassee, FL 32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHP LEWIS, ALECIA P.O. BOX 6221 TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BANKS, JEANNE 5043 B LEACH LANE TALLAHASSEE FL 32303	☑ 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
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: Janet Ashwood FILED 8/29/00 850/921-9253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #