

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -5 PM 2:32

DOCUMENT # N97000002383

1. Entity Name
GREATER TALLAHASSEE ADVERTISING
FEDERATION, INC.



Principal Place of Business
PO BOX 37264
TALLAHASSEE, FL 32317

Mailing Address
PO BOX 37264
TALLAHASSEE, FL 32317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3443330

Applied For
Not Applicable

Zip Country

Zip Country

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

PERRY, CHRIS
1210 S. ADAMS STREET
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Initial or Amended UBR

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

TITLE D ☐ Delete
NAME JOHNSON, HEATHER
STREET ADDRESS 327 OFFICE PLAZA DRIVE, SUITE 106
CITY-STATE-ZIP TALLAHASSEE, FL 32304

TITLE D ☐ Delete
NAME BROWN, JON
STREET ADDRESS 1020 E. LAFAYETTE STREET, SUITE 206B
CITY-STATE-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME RAVENSCRAFT, MARK
STREET ADDRESS 1619 APALACHEE PARKWAY, #476
CITY-STATE-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME PERRY, CHRIS
STREET ADDRESS 1210 S. ADAMS STREET
CITY-STATE-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5

556-2935

Date

Daytime Phone #

CR2E037 (10/02)