

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003960

1. Entity Name

THE HADLEY, HAWTHORNE, DICKEY, AND WALDEN FAMILY *P*

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90007 017 \*\*\*\*61.25

Principal Place of Business  
 1222 LUCY ST  
 TALLAHASSEE FL 32308

Mailing Address  
 1222 LUCY ST  
 TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454843

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

MANNING, ALTHA F  
 1222 LUCY ST  
 TALLAHASSEE FL 32308

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

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	VD	<input type="checkbox"/> Delete
NAME	BARNETT, MATTHEW	
STREET ADDRESS	6407 NE 25TH AVE	
CITY-ST-ZIP	PORTLAND OR 97211	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	FLOWERS, DOBY LEE	
STREET ADDRESS	501 E WASHINGTON STREET	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANNING, ALTHA F	
STREET ADDRESS	1222 LUCY ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROSS, AVERGALE	
STREET ADDRESS	199-02 115TH AVENUE	
CITY-ST-ZIP	ST ALBANS NY 11412	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	TELFAIR, EUGENE	
STREET ADDRESS	1550 MELVIN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00  
 850/872-3378  
 Date Daytime Phone #