

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004034

1. Entity Name

KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90215 016 ****61.25

Principal Place of Business

Mailing Address

P O BOX 191
 TALLAHASSEE FL 32302

P O BOX 191
 TALLAHASSEE FL 32302-0191



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

31-1528968

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

HANSON, DIANA
100 N DUVAL
TALLAHASSEE FL 32302

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

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	TD	<input type="checkbox"/> Delete
NAME	DORSEY, FRANK	
STREET ADDRESS	401 E. VIRGINIA ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDOWELL, JIM	
STREET ADDRESS	315 SOUTH CALHOUN ST., SUITE 350	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	ED	<input type="checkbox"/> Delete
NAME	HANSON, DIANA	
STREET ADDRESS	411 N. CALHOUN	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	CE	<input type="checkbox"/> Delete
NAME	PAUL, NANCY	
STREET ADDRESS	100 N. DUVAL	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRANSOU, SUSIE	
STREET ADDRESS	100 N. DUVAL	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000
 Date

244 6100
 Daytime Phone #

CR2E037 (9/99)