

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90110 049 ****61.25

DOCUMENT # N97000004034

1. Entity Name

KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.

Principal Place of Business

Mailing Address

P O BOX 191
TALLAHASSEE FL 32302

P O BOX 191
TALLAHASSEE FL 32302

2. Principal Place of Business

3212 BEAUMONT DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

Zip

32309

Country

LEON

Zip

Country

4. FEI Number

31-1528968

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

HANSON, DIANA

3212 BEAUMONT DRIVE BEAUMONT DRIVE
TALLAHASSEE FL 32309 32309

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** ☐ Delete
NAME **DORSEY, FRANK**
STREET ADDRESS **401 E. VIRGINIA ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **PD** ☒ Delete
NAME **MCDOWELL, JIM**
STREET ADDRESS **315 SOUTH CALHOUN ST., SUITE 350**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☒ Change ☐ Addition
NAME **SANDI VARN**
STREET ADDRESS **401 E. VIRGINIA STREET**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **ED** ☐ Delete
NAME **HANSON, DIANA**
STREET ADDRESS **411 N. CALHOUN**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

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

TITLE **CE** ☒ Delete
NAME **PAUL, NANCY**
STREET ADDRESS **100 N. DUVAL**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE ☒ Change ☐ Addition
NAME **MELBA JACOBS**
STREET ADDRESS **PATIENTS FIRST**
CITY-ST-ZIP **505 APPEYARD DRNE**
TALLAHASSEE, FL 32304

TITLE **S** ☒ Delete
NAME **TRANSOU, SUSIE**
STREET ADDRESS **100 N. DUVAL**
CITY-ST-ZIP **TALLAHASSEE FL 32302**

TITLE ☒ Change ☐ Addition
NAME **JANET HICKEY**
STREET ADDRESS **PBS+J**
CITY-ST-ZIP **1901 COMMONWEALTH BLVD**
TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Diana Hanson **Diana Hanson**

1-15-02

850 681 8589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)