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

1/2'

**FILED**
**Feb 14, 2003 8:00 am**
**Secretary of State**
01-27-2003 90354 027 ****61.25

DOCUMENT # N97000004034

1. Entity Name
KEEP TALLAHASSEE-LEON COUNTY BEAUTIFUL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3212 BEAUMONT DR<br>TALLAHASSEE FL 32309 | P O BOX 191<br>TALLAHASSEE FL 32302 |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country: USA | 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<br>3212 BEAUMONT DRIVE BEAUMONT<br>TALLAHASSEE FL 32308 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Diana Hanson 1-15-3
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 Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DORSEY, FRANK<br>401 E. VIRGINIA ST.<br>TALLAHASSEE FL 32301 D/T | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>VARN, SANDI<br>401 E VIRGINIA ST<br>TALLAHASSEE FL 32301 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Bd Chair<br>Bernie Edwards<br>FL Lottery 250 Marriott Drive<br>Tallahassee, FL 32301 D/T<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>HANSON, DIANA<br>411 N. CALHOUN Ex Director<br>TALLAHASSEE FL 32302 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CE<br>JACOBS, MELBA<br>PATIENTS FIRST 505 APPLEYARD DR NE D/T<br>TALLAHASSEE FL 32304 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>HICKEY, JANET<br>PBS&J 505 APPLEYARD DR NE<br>TALLAHASSEE FL 32304 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KIM WALKER<br>ECOL + ENV 1950 Commonwealth Lane<br>TALLAHASSEE, FL 32303 D/T<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 Diana Hanson DIANA HANSON 1-15-3 681-8589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #