

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90177 047 \*\*\*\*61.25

**DOCUMENT # N97000004484**

1. Entity Name

**TALLAHASSEE 25, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 11293  
 TALLAHASSEE FL 32302

P O BOX 11293  
 TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3444030**

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

**SNIFFEN, ROBERT J  
 2544 BLAIRSTONE PINES DR  
 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.

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KIDD, CECIL	
STREET ADDRESS	1984 CHATSWORTH WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, RAY	
STREET ADDRESS	1934 NAANICOKE CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LITZ, AMY	
STREET ADDRESS	1621 EAGLES LANDING BLVD, #47	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALLACE, CHRIS	
STREET ADDRESS	600 VICTORY GORDEN LN #E40	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, STEPHANIE	
STREET ADDRESS	217 PARKBROOK CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Lowe	
STREET ADDRESS	2750 Old St Augustine Rd # 226	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Mitchell	
STREET ADDRESS	4913 Heather Dr	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marsha Barnard	
STREET ADDRESS	1556 Cranman Bear Circle	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Carson	
STREET ADDRESS	2055 Thomasville Rd # E-201	
CITY-ST-ZIP	Tallahassee, FL 32308	
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 of Registered Agent*

1/24/02

850 222-1608

CR2E037 (9/01)