

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004551

1. Entity Name

TALLAHASSEE FOUNDATION FOR LEARNING AND SUCCESS
INCORPORATED

Principal Place of Business

Mailing Address

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

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

59-3460708

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

KOELEMIJ, JOHN J.
641 MCDONNELL DRIVE
TALLAHASSEE FL 32310

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 ☐ Delete
NAME ROLLINS, STEVE DR
STREET ADDRESS 312 STONE BLDG
CITY-ST-ZIP TALLAHASSEE FL 32306-4076

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

TITLE TD ☒ Delete
NAME KONRAD, KATE
STREET ADDRESS 1040 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☒ Addition
NAME T D
STREET ADDRESS Joyce P. Warner
CITY-ST-ZIP 641 McDonnell Dr.
Tallahassee, FL 32310

TITLE VD ☐ Delete
NAME KOELMIJ, KAREN
STREET ADDRESS 641 MCDONNELL DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32310

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

TITLE SD ☐ Delete
NAME MCCLELLAND, LISA
STREET ADDRESS TRI MAIN OFFICE-103 UNIT A
CITY-ST-ZIP TALLAHASSEE FL 32307

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

TITLE D ☐ Delete
NAME FRIMMEL, DAVID
STREET ADDRESS 2825 MUNICIPAL WAY
CITY-ST-ZIP TALLAHASSEE FL 32304

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

TITLE D ☒ Delete
NAME LEE, CORNEL
STREET ADDRESS 4495 SHELTER RD.
CITY-ST-ZIP TALLAHASSEE FL 32303

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Koelmej

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90124 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)