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2001 UNIFORM BUSINESS REPORT (UBR)

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501 W. ORANGE AVE. TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPENCER, GWENDOLYN J 3848 SHAMROCK WEST TALLAHASSEE FL 32308 City City City FL Zip Code City FL Zip Code SIGNATURE Signature, speed or privated name or registered agent and title if applicable. (NOTE: Registered Agent speedure required when remeasure) PAP Country 5. Certificate of Status Desired Foe Required Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) SIGNATURE FILE NOW: FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Address of New Registered Agent Make I applicable. NOTE: Registered Agent spreadure required when remeasure) Agent Make Check Payable to Department of State Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ot Applicable.
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City & State City & State City & State Country Country Country S. Certificate of Status Desired Status Desired See Required S. Name and Address of Current Registered Agent Name SPENCER, GWENDOLYN J 3648 SHAMROCK WEST TALLAHASSEE FL 32308 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 prired name of registered agent, and title if applicable. (NOTE: Registered Agent aignature required when namestating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Department of State Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ot Applicable.
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPENCER, GWENDOLYN J 3848 SHAMROCK WEST TALLAHASSEE FL 32308 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 tibe if applicable. (NOTE: Registered Agent signature required when remetating) DATE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
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TITLE P Delete TITLE Change	☐ Addition 8
NAME GREEN, JOHN F STREET ADDRESS 501 W. ORANGE AVE. STREET ADDRESS	7(40
CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP	(8)
TITLE V Detate TITLE Change	CRZE037 (10/00)
NAME WEBSTER, JOSEPH L SR	
STREET ADDRESS 4891 HIGHGROVE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308	. ر. ۱۰
TALEN INSCELLE 32300 ITTLE Change	Addition
MMENAMENAME	
STREET ADDRESS 2914 MORNINGSIDE DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 33301	
TALLAHASSEE FL 32301	. Addition
JONES, LANIER A NAME	. Library
STREET ADDRESS 1741 BROOKSIDE BLVD. STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP	
TITLE BOD Delete TITLE Change WAS CARR, WILMON E NAME	Addition
STREET ADDRESS 1221 COLEMAN STREET STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP	
TITLE BOD Detete TITLE Change	☐ Addition
NAME HILL, ROSALIE A STREET ADDRESS 715 SPRINGSAX ROAD STREET ADDRESS	}
TALLAHASSEE FL 32310 (ITY-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 inflicated 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 of	1