

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90640 047 \*\*\*\*61.25

**DOCUMENT # N98000006247**

1. Entity Name

**ST. JOHN'S BOOKSTORE, INC.**

Principal Place of Business

Mailing Address

1 NORTH CALHOUN ST.  
 TALLAHASSEE FL 32301

131 NORTH CALHOUN ST.  
 TALLAHASSEE FL 32301

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

**59-3540760**

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

**CASSIDY, SUSAN**  
**131 NORTH CALHOUN STREET**  
**TALLAHASSEE FL 32301**

Name **Marcia Taliaferro**

Street Address (P.O. Box Number is Not Acceptable)

**131 N. Calhoun Street**

City **Tallahassee**

**FL**

Zip Code

**32301**

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

*Marcia Taliaferro*

**Marcia Taliaferro - Treasurer**

**4-11-02**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KRAN, JANE</b> <b>131 NORTH CALHOUN STREET</b> <b>TALLAHASSEE FL 32301</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANDERSON, MARILYN</b> <b>131 NORTH CALHOUN STREET</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CASSIDY, SUSAN</b> <b>131 NORTH CALHOUN STREET</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALKER, CARROLL</b> <b>131 NORTH CALHOUN STREET</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORGAN, PICKENS</b> <b>131 NORTH CALHOUN STREET</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PERKINS, EARLE</b> <b>131 NORTH CALHOUN STREET</b> <b>TALLAHASSEE FL 32301</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Kran, Jane</b> <b>←</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Wolfe, Walter</b> <b>131 N. Calhoun Street</b> <b>Tallahassee FL 32301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Suzi Brock</b> <b>131 N. Calhoun Street</b> <b>Tallahassee FL 32301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jones, Van</b> <b>131 N. Calhoun Street</b> <b>Tallahassee FL 32301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Marcia Taliaferro</b> <b>131 N. Calhoun Street</b> <b>Tallahassee FL 32301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Virginia Perkins</b> <b>131 N. Calhoun Street</b> <b>Tallahassee FL 32301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*Marcia Taliaferro* **Marcia Taliaferro**

**4-11-02**

**850-222-8841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)