2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91289 008 ****61.25

DOCUMENT # N99000000224

1. Entity Name

BIG BEND PRIDE, INC.

Principal Place of Business	Mailing Address
424 EAST CALL ST. Tallahassee, FL 32301	SAME

A00067843

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	424 E. CALL ST. Suite, Apt. #, etc.
City & State	City & State: Tallahasse, FL 32301
Zip / Country	Zip: 32301 / Country: USA

4. FEI Number 59-3551531 ☐ 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
Harvey, Dessie 390 E. Holly ST. Monticello, FL 32344	Name: Beverly A. STRICKLAND, GA Street Address (P.O. Box Number is Not Acceptable): 424 E. CALL ST. 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: Beverly A. Strickland, Beverly A. STRICKLAND 4/27/01
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	P Dessie Harvey 390 E. Holly ST. Monticello, FL 32344	☒ Delete	D Cherry Strickland 424 E. Call ST. Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Beverly A. Strickland 424 E. Call ST. Tallahassee, FL 32301	☐ Delete	D Lisa Medley 9368 Conestoga Ave. Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Paula Lassimore P.O. Box 2191 Tallahassee, FL 32316	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: Beverly A. Strickland, Beverly A. STRICKLAND, Dir. 4/27/01 (850) 224-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #