

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-09-2000 90083 008 ****61.25

DOCUMENT # N99000004663

1. Entity Name

TALLAHASSEE FAMILIES WITH ASIAN CHILDREN, INC.

P

Principal Place of Business

Mailing Address

ATTN: MARTIN R. DIX
 106 E. COLLEGE AVE., STE. 1200
 TALLAHASSEE FL 32301

ATTN: MARTIN R. DIX
 106 E. COLLEGE AVE., STE. 1200
 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

59-3559382

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

DIX, MARTIN R
 106 E. COLLEGE AVE., STE. 1200
 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
After September 13, 2000 min. will be \$236.25

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 P/D ☐ Delete
 NAME Martin R. Dix
 STREET ADDRESS 106 E. College Avenue, Suite 1200
 CITY-ST-ZIP Tallahassee, Florida 32301

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

TITLE VP/D ☐ Delete
 NAME Janice Foley
 STREET ADDRESS 3940 Leane Drive
 CITY-ST-ZIP Tallahassee, Florida 32308

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

TITLE ST/D ☐ Delete
 NAME Julie Douthit
 STREET ADDRESS 3652 Harpers Ferry Court
 CITY-ST-ZIP Tallahassee, Florida 32308

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

Martin R. Dix
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/7/2000 (850)-224-9634

CR2E037 (5/00)