2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90340 037 ****61.25

845100

DOCUMENT # N99000006258

1. Entity Name
CAPITAL AREA NEW DEMOCRATS, INC.

Principal Place of Business / Mailing Address

2. Principal Place of Business
301 S. BRONOUGH ST.
Suite, Apt. #, etc.
SUITE 200
City & State
TALLAHASSEE, FL 32302
Zip / Country

3. Mailing Address
POST OFFICE BOX 10555
Suite, Apt. #, etc.
City & State
TALLAHASSEE, FL 32301
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3641179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CULPEPPER, J. BRUCE
301 South Bronough St., Suite 200
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CARTER-SMITH, PAIGE 5220 BUCKLAKE RD. TALLAHASSEE, FL 32311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD CULPEPPER, J. BRUCE 301 S. BRONOUGH ST., STE. 200 TALLAHASSEE, FL 32302 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ROBINSON, KELVIN 1906 ANGELS HOLLOW RD TALLAHASSEE, FL 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUNTER, BART 3449 MAHONEY DR. TALLAHASSEE, FL 32308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROB SNIFFEN 118 N. GADSDEN ST. TALLAHASSEE, FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT DUDLEY 150 S. MONROE, STE. 303 TALLAHASSEE, FL 32301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Bruce Culpepper BRUCE Culpepper 5/1/01 (850) 222-3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #