

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033936

1. Entity Name

TECHNICAL SYMPOSIUM DEVELOPMENT COUNCIL, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90455 018 \*\*\*150.00

972199



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4244 W. TENNESSEE ST., #160 TALLAHASSEE FL 32304	Mailing Address 4244 W. TENNESSEE ST., #160 TALLAHASSEE FL 32304
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-3636081</b>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>BROWN, JUNIOUS D III</b> <b>106 E. COLLEGE AVE., STE. 1200</b> <b>TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, SHEILA K</b> <b>6149 MEADOWVIEW</b> <b>CANTON MI 48187</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, JON D</b> <b>1020 E. LAFAYETTE ST., STE. 206B</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSEI, AIDOO</b> <b>725 FULTON ST., APT. 3B</b> <b>BROOKLYN NY 11217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, DERRICK E</b> <b>6149 MEADOWVIEW</b> <b>CANTON MI 48187</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, LETTIE M</b> <b>1020 E. LAFAYETTE ST., STE. 206B</b> <b>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Taylor Letitia M.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, SHERYL F</b> <b>1304 JEFFERSON SQUARE CT.</b> <b>DECATUR GA 30030</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jon D. Brown* **Jon D. Brown** **04.30.01** **850.309.2511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)