

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002320

1. Entity Name

TALLAHASSEE MEDIATION CENTER, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90159 040 ***150.00

Principal Place of Business

Mailing Address

902 NORTH GADSDEN ST.
SUITE A
TALLAHASSEE FL 32303
US

902 NORTH GADSDEN ST.
SUITE A
TALLAHASSEE FL 32303-6388
US

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 **59-3149311**

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

RICKARD, GERI
902-1 NORTH GADSDEN STREET
TALLAHASSEE FL 32303

Name **Angela K. Bell-Moory**
Street Address (P.O. Box Number is Not Acceptable)
902-A North Gadsden Street
City **Tallahassee** FL Zip Code **32303**

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 Arden M. Siegendorf, President
ARDEN M. SIEGENDORF (NOTE: Registered Agent's signature is required when stating)

4/20/00
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SIEGENDORF, ARDEN M**
STREET ADDRESS **902-A NORTH GADSDEN STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Arden M. Siegendorf, President Arden M. Siegendorf 4/20/00 (850)1888 222-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)