

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000008444**

1. Entity Name

TALLAHASSEE LAND COMPANY

Principal Place of Business

Mailing Address

**217 JOHN KNOX RD
TALLAHASSEE FL 32303
US****P. O. BOX 4288
TALLAHASSEE FL 32315
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 **59-3156697**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BUFORD, A. L. JR
217 JOHN KNOX RD
TALLAHASSEE FL 32303**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DP			☐ Delete					☐ Change ☐ Addition
	BUFORD, ALBERT L JR	217 JOHN KNOX RD	TALLAHASSEE FL						
	DST			☐ Delete					☐ Change ☐ Addition
	BUFORD, A.L. III	217 JOHN KNOX RD	TALLAHASSEE FL						
	D			☐ Delete					☐ Change ☐ Addition
	WILKINSON, BEN H JR	217 JOHN KNOX ROAD	TALLAHASSEE FL						
	V			☐ Delete					☐ Change ☐ Addition
	AUSLEY, DANIEL	217 JOHN KNOX RD	TALLAHASSEE FL 32303						
	DV			☐ Delete					☐ Change ☐ Addition
	PARKER, R B	217 JOHN KNOX RD	TALLAHASSEE FL 32303						
				☐ Delete					☐ Change ☐ 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-01

850-385-6363

CR2E034 (10/00)