

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90124 029 \*\*\*150.00

**DOCUMENT # P97000063401**

**1. Entity Name**  
**TRAYLOR MANAGEMENT OF TALLAHASSEE, INC.**

**Principal Place of Business**  
**1135 APALACHEE PARKWAY**  
**TALLAHASSEE FL 32301**

**Mailing Address**  
**1135 APALACHEE PARKWAY**  
**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** **59-3190306**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TRAYLOR, JACK W**  
**2916 IVANHOE RD**  
**TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

*711 Twin Oaks Lane*

City

*Tallahassee*

FL

Zip Code

*32312*

**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)

*2/12/02*  
 DATE

**9. This corporation is eligible to satisfy its Intangible Taxing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **TRAYLOR, JACK W**  
**STREET ADDRESS** **2916 IVANHOE RD**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32312**

**TITLE** ☒ Change ☐ Addition  
**NAME** *711 Twin Oaks Lane*  
**STREET ADDRESS** *Tallahassee, FL 32312*  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **TRAYLOR, EUGENIA**  
**STREET ADDRESS** **8916 IVANHOE**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32312**

**TITLE** ☒ Change ☐ Addition  
**NAME** *711 Twin Oaks Lane*  
**STREET ADDRESS** *Tallahassee, FL 32312*  
**CITY-ST-ZIP**

**TITLE** **D** ☒ Delete  
**NAME** **TRAYLOR, MARY**  
**STREET ADDRESS** **# CC177 10,000 SW 52ND AVE**  
**CITY-ST-ZIP** **GAINESVILLE FL 32608**

**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**

**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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/02*  
 Date

Daytime Phone #

CR2E034 (9/01)