

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000001690

1. Entity Name

Tallahassee Area Crew, Inc.



FILED

03 AUG -8 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2939 N. Umlerland Drive

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL 32312

City & State
same

4. FEI Number
593369684

Applied For
Not Applicable

Zip
32312

Country
USA

Zip
same

Country
same

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James S. Alves

Street Address (P.O. Box Number is Not Acceptable)
6309 Pickney Hill Road

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James S. Alves
Signature typed or printed name of registered agent and title if applicable.

(JAMES S. ALVES, President)

August 4, 2003
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
James S. Alves
6309 Pickney Hill Road
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Rich Budell
6712 Chevy Way

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tallahassee, FL 32317
Secretary
Ginger Phillips
7992 Hidden Oak Ct.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tallahassee, FL 32317
Treasurer
Kathy Gatzlaff

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2939 N. Umlerland Drive
Tallahassee, FL 32312

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James S. Alves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-425
August 4, 2003 2360
Date Daytime Phone #

CR2E037B (12/02)