2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

changed, or on an attach,

SIGNATURE:

FILED DOCUMENT # **N98000005840** Apr 20, 2000 8:00 am Secretary of State THE TALLAHASSEE TRAILBLAZERS INC. 04-20-2000 90033 031 ****61.25 Mailing Address Principal Place of Business 2949 VELDA DAIRY RD. 2949 VELDA DAIRY RD. TALLAHASSEE FL 32308-2139 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3537848 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **DUPREE, JACQUELYN W** 2949 VELDA DAIRY RD. TALLAHASSEE FL 32308 Zip Code City 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 e if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE 18.\$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE TITI F SANCHO, CALVIN NAME NAME STREET ADDRESS STREET ADDRESS 9755 WYNTREE LANE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL-32311 - €/\ Tal Addition ☐ Delete ☐ Change TITLE TITLE NAME DUPREE, JARQUELYN NAME STREET ADDRESS STREET ADDRESS 2949 VELDA DAIRY RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change Change ☐ Addition TITLE ☐ Delete TITLE NAME Seaborn, Cynthia NAME STREET ADDRESS STREET ADDRESS 3108 ELWOOD TRAIL CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Addition TITLE Change Strusonia William NAME NAME Stephanie Crittente STREET ADDRESS STREET ADDRESS 2608-BYRON-CIRCLE TALLAHASSEE FL 32308-1524 PCHRICK MICNUC CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Tall 12 3 139110 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition Sugar Harita NAME NAME 行行的 しかは STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Block 11 if