

# 2001. UNIFORM BUSINESS REPORT (UBR)

5/12

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90032 028 \*\*\*\*61.25

**DOCUMENT # N98000005840**

1. Entity Name

**THE TALLAHASSEE TRAILBLAZERS INC.**

Principal Place of Business

2949 VELDA DAIRY RD.  
TALLAHASSEE FL 32308

Mailing Address

2949 VELDA DAIRY RD.  
TALLAHASSEE FL 32308

2. Principal Place of Business

9755 WYNTRREE

3. Mailing Address

9755 WYNTRREE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee, FL

4. FEI Number

59-3537848

Applied For

Not Applicable

Zip

32311

Country

USA

Zip

32311

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUPREE, JACQUELYN W  
2949 VELDA DAIRY RD.  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Teresa R. Sancho

Street Address (P.O. Box Number is Not Acceptable)  
9755 WYNTRREE LANE

Tallahassee FL 32311

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

Teresa R. Sancho

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

April 28, 2001

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	DONYA, LITTLE	
STREET ADDRESS	2125 JACKSON BLUFF RD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUPREE, JARQUELYN	
STREET ADDRESS	2949 VELDA DAIRY RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T DT	<input type="checkbox"/> Delete
NAME	SEABORN, CYNTHIA	
STREET ADDRESS	3108 ELWOOD TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CRITTENDON, STEPHANIE	
STREET ADDRESS	1524 PATRICK AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresa R. Sancho	
STREET ADDRESS	9755 WYNTRREE LANE	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	VP DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Remera Jones	
STREET ADDRESS	830 LIBERTY STREET	
CITY-ST-ZIP	Tallahassee FL 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meghan Wozniak	
STREET ADDRESS	9601 MILLSHURKE RD	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2001

Date

Daytime Phone #

850-402-0383

CR2E037 (10/00)