

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90093 022 ****70.00

DOCUMENT # N98000005840

1. Entity Name

THE TALLAHASSEE TRAILBLAZERS INC.

Principal Place of Business

Mailing Address

9755 WYNTREE
TALLAHASSEE FL 32311

9755 WYNTREE
TALLAHASSEE FL 32311

00111401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3537848

Applied For

Not Applicable

Zip

Country

Zip

Country

32317

32317

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHO, TERESA
9755 WYNTREE LANE
TALLAHASSEE FL 32311

Name

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

City

FL

Zip Code

32317

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PDP**
STREET ADDRESS **SANCHO, TERESA R**
CITY-ST-ZIP **9755 WYNTREE LANE**
TALLAHASSEE FL 32311

TITLE ☒ Change ☐ Addition
NAME **P/D**
STREET ADDRESS
CITY-ST-ZIP **32317**

TITLE ☒ Delete
NAME **VPDV**
STREET ADDRESS **JONES, REMERA**
CITY-ST-ZIP **830 LIBERTY STREET**
TALLAHASSEE FL 32310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **SEABORN, CYNTHIA**
CITY-ST-ZIP **3108 ELWOOD TRAIL**
TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **WOZNAK, MEGHAN**
CITY-ST-ZIP **9601 MICCOSUKEE ROAD**
TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME **V/D**
STREET ADDRESS **9601-89 MICCOSUKEE ROAD**
CITY-ST-ZIP **32309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T/D**
STREET ADDRESS **JANICE CLARK**
CITY-ST-ZIP **2648 AUGUSTINE CREEK TRAIL**
TALLAHASSEE, FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **ABIGAIL MOBLEY**
CITY-ST-ZIP **604 HOWARD STREET**
TALLAHASSEE, FL 32310

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

4/30/2002

Daytime Phone #

850-488-4930

CR2E037 (9/01)