

2001 UNIFORM BUSINESS REPORT (UBR)

1/12/01

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-12-2001 90036 017 ****61.25

DOCUMENT # 719523

1. Entity Name

TALLAHASSEE CLUB OF FRONTIERS INTERNATIONAL, INC

Principal Place of Business

533 TUSKEGEE ST.
TALLAHASSEE FL 32304
US

Mailing Address

P.O. BOX 5445
TALLAHASSEE FL 32314-5445
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6526115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, CURTIS
533 TUSKEGEE STREET
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name ALLEN D. STUCKS, SR.
St 2414 MEXIA AVE.
City Tallahassee FL Zip Code 32304

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	RICHARDSON, CURTIS	533 TUSKEGEE STREET	TALLAHASSEE FL 32310	☒	President	ALLEN D. STUCKS, SR.	2414 MEXIA AVE	Tallahassee, FL 32304-1321	☐	☒
VPD	CYRUS, CHARLES	501 BLAIRSTONE ROAD	TALLAHASSEE FL 32301	☐					☐	☐
AS	HAMILTON, JOHN	3448 GENTLE WINDS WAY	TALLAHASSEE FL 32311	☐					☐	☐
AS	WESTON, LEROY	1502 COLEMAN STREET	TALLAHASSEE FL 32310	☐					☐	☐
TD	LEWIS, JERRY	2001 FREE COURT 3633 OXHILL CT.	TALLAHASSEE FL 32301 32308	☐	5D	LEWIS, JERRY	3633 OXHILL CT.	TALLA. FL. 32308	☒	☐
				☐					☐	☐

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

Date

Daytime Phone #

CR2E037 (10/00)