

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90500 016 ****61.25

DOCUMENT # 719523

1. Entity Name

**TALLAHASSEE CLUB OF FRONTIERS INTERNATIONAL, INC
 ORPORATED**

Principal Place of Business

Mailing Address

330 BLAIRSTONE CT.
 TALLAHASSEE FL 32304
 US

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

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

7. Name and Address of New Registered Agent

**STUCKS, ALLEN D SR
 2414 MEXIA AVE
 TALLAHASSEE FL 32304**

Name **JOHN HAMILTON**

Street Address (P.O. Box Number is Not Acceptable)
3448 GENTLE WIND WAY

City **TALLAHASSEE FL 32317 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 *John E. Lawrence - Secretary*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-02
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	STUCKS, ALLEN D SR	
STREET ADDRESS	2414 MEXIA AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32304-1321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CYRUS, CHARLES	
STREET ADDRESS	501 BLAIRSTONE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, JOHN	
STREET ADDRESS	3448 GENTLE WINDS WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32317 32317	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	WESTON, LEROY	
STREET ADDRESS	1502 COLEMAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JERRY	
STREET ADDRESS	3033 OX HILL CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JERRY	
STREET ADDRESS	3033 OX HILL CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN HAMILTON	
STREET ADDRESS	3448 GENTLE WIND WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence, John	
STREET ADDRESS	1801 Quince Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Henry	
STREET ADDRESS	1102 Harlem St	
CITY-ST-ZIP	Tallahassee FL 32304	
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:

John E. Lawrence - Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

800-878-1502

CR2E037 (9/01)