

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90401 036 ****61.25

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DOCUMENT # N00000006663

1. Entity Name

TORCHBEARERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**1282 TIMBERLANE RD.
TALLAHASSEE FL 32312**

**1282 TIMBERLANE RD.
TALLAHASSEE FL 32312**

LUUJ0017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

**ROBINSON, GREG L
90 SHADOW OAK CIRCLE
CRAWFORDVILLE FL 32327**

Name

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

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

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 **D ROBINSON, GREG L**
STREET ADDRESS **SHADOW OAK CIRCLE**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE ☐ Delete
NAME **D ROBINSON, STEPHANIE**
STREET ADDRESS **90 SHADOW OAK CIRCLE**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

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

TITLE ☐ Delete
NAME **D LARSON, WAYNE A**
STREET ADDRESS **13145 BASSWOOD LANE**
CITY-ST-ZIP **ROGERS MN 55374**

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

TITLE ☐ Delete
NAME **D NEWMAN, DONNA**
STREET ADDRESS **10202 PERSIMMON COURT**
CITY-ST-ZIP **RICHMOND VA 23233**

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

TITLE ☐ Delete
NAME **D CORNETT, KIM**
STREET ADDRESS **1031 MASTERS DR.**
CITY-ST-ZIP **MACON GA 31220**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)