

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90060 048 \*\*\*\*61.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006663

1. Entity Name

TORCHBEARERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

1282 TIMBERLANE RD.  
TALLAHASSEE FL 323121282 TIMBERLANE RD.  
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ROBINSON, GREG L  
 CITY-ST-ZIP SHADOW OAK CIRCLE  
 CRAWFORDVILLE FL 32327

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 222 E. MONROE ST.  
 CITY-ST-ZIP Thomasville GA 31792

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 222 E. MONROE ST.  
 CITY-ST-ZIP Thomasville GA 31792

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

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

TITLE ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

Date

229  
226-7646

Daytime Phone #

CR2E037 (9/01)

Attachment

29513

NO0000006663

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>Torchbearers International, Inc</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>1282 Timberlane Rd</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>Tallahassee, FL 32312</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Leon Florida</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <b>244-04-7064</b> <b>Gregory Lee Robinson</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► <b>501(c)(3)</b>	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <b>501(c)(3)</b>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) <b>10-6-2000</b>	11 Closing month of accounting year (see instructions) <b>December</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .	<b>N/A</b>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . .	Nonagricultural <input type="radio"/>	Agricultural <input type="radio"/>	Household <input type="radio"/>
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14 Principal activity (see instructions) ► <b>ministry</b>
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15 Is the principal business activity manufacturing? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ►	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► <b>Gregory L. Robinson</b>	Business telephone number (include area code) <b>(850) 668-9988</b>
	Fax telephone number (include area code) <b>( )</b>

Signature ► <b>Greg. L. Robinson</b>	Date ► <b>5-2-02</b>
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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