

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N96000001690

1. Entity Name

TALLAHASSEE AREA CREW, INC.

01 JUN -4 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 3540 Thomasville Road	3. Mailing Address Post Office Box 13941
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tallahassee, Florida	City & State Tallahassee, Florida	4. FEI Number 59-3369684	Applied For <input type="checkbox"/> Not Applicable
Zip 32308	Country USA	Zip 32317-3941	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAMES MYLES HEAD 3437 WELWYN WAY TALLAHASSEE, FLORIDA 32308		Name MARTHA HARRELL CHUMBLER Street Address (P.O. Box Number is Not Acceptable) 4023 ROSCREA DRIVE City TALLAHASSEE FL Zip Code 32308	

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 *Martha Harrell Chumblar*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME JAMES MYLES HEAD STREET ADDRESS 3437 WELWYN WAY CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308	<input checked="" type="checkbox"/> Delete	TITLE P D NAME ROB LOVERN STREET ADDRESS 3925 Leane Drive CITY-ST-ZIP Tallahassee, Florida 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MARTHA CHUMBLER STREET ADDRESS 4023 ROSCREA DRIVE CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308	<input checked="" type="checkbox"/> Delete	TITLE VP D NAME KIM THOMPSON STREET ADDRESS 3312 Gallant Fox Trail CITY-ST-ZIP Tallahassee, Florida 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TERRI BECK STREET ADDRESS 1222 SMOKE RISE LANE CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308	<input type="checkbox"/> Delete	TITLE T D NAME TERRI BECK STREET ADDRESS 1222 SMOKE RISE LANE CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MONDI AZPETTIA STREET ADDRESS 809 DEVON DRIVE CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308	<input checked="" type="checkbox"/> Delete	TITLE S D NAME LINDA FROHOCK STREET ADDRESS 7182 Anglenwood Lane CITY-ST-ZIP Tallahassee, Florida 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DOUG SEXTON STREET ADDRESS 3492 HIDE PARKWAY CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 700004338387--9 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JERRI PATTERSON STREET ADDRESS 6513 IRON EAGLE TRAIL CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert L. Lovern* 5/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

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10.

DELETE:

JUDY HAMLER
5087 Mint Hill Court
Tallahassee, Florida 32308

KIM CHRISTOPHER
2973 Giverny Circle
Tallahassee, Florida 32308

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference: _____
(Sub Account)

Date: 6/1/01

Requestor Name: Carlton Fields

Address: Post Office Box 190
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen (261)

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN - 1 PM 12:43
NOTED
TO AGENCY OF FILING
SUFFICIENCY OF FILING

Corporation Name:

Tallahassee Area Crew, Inc.

Entity Number (if applicable):

0960000001690

Authorization:

Kim Pullen

☐ Certified Copy (1-9)

☐ UCC'S

☐ Certificate of Status

☐ New Filings

☐ Plain Stamped Copy

☒ Annual Report

☐ Fictitious Name

☐ Amendments

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

() Mail Out

MW

CF Internal Use Only

Client: 95000 Matter: 97115