

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90941 023 \*\*\*\*61.25

**DOCUMENT # N96000001690**

1. Entity Name

**TALLAHASSEE AREA CREW, INC.**

Principal Place of Business

Mailing Address

**3540 THOMASVILLE ROAD  
TALLAHASSEE FL 32308  
US**

**P.O. BOX 13941  
TALLAHASSEE FL 32317-3941  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3369684**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CHUMBLER, MARTHA H  
4023 ROSCREA DRIVE  
TALLAHASSEE FL 32308**

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 **D** ☒ Delete  
NAME **BECK, TERRI**  
STREET ADDRESS **1222 SMOKE RISE LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **PD** ☒ Delete  
NAME **LOVERN, ROB**  
STREET ADDRESS **3925 LEANE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **President/Director** ☒ Change ☐ Addition  
NAME **Bruce Janasiewicz**  
STREET ADDRESS **4584 Crestdale Court**  
CITY-ST-ZIP **Tallahassee, Florida 32308**

TITLE **VPD** ☒ Delete  
NAME **THOMPSON, KIM**  
STREET ADDRESS **3312 GALLANT FOX TRAIL**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **Vice-President/Director** ☒ Change ☐ Addition  
NAME **Warren Jones**  
STREET ADDRESS **2443 Bass Bay Drive**  
CITY-ST-ZIP **Tallahassee, Florida 32312**

TITLE **TD** ☒ Delete  
NAME **BECK, TERRI**  
STREET ADDRESS **1222 SMOKE RISE LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **Treasurer/Director** ☒ Change ☐ Addition  
NAME **Sherri Daume**  
STREET ADDRESS **1043 Epping Forest Drive**  
CITY-ST-ZIP **Tallahassee, Florida 32317**

TITLE **SD** ☒ Delete  
NAME **FROHOCK, LINDA**  
STREET ADDRESS **7182 ANGLEWOOD LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **Secretary/Director** ☒ Change ☐ Addition  
NAME **Sandy Webb**  
STREET ADDRESS **8235 Greenmont Avenue**  
CITY-ST-ZIP **Tallahassee, Florida 32311**

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 all other like empowered.

**SIGNATURE:**

*[Handwritten Signature]*

Date

Daytime Phone #

CR2E037 (9/01)