

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90138 042 \*\*\*\*61.25

**DOCUMENT # N96000001690**

1. Entity Name

**TALLAHASSEE AREA CREW, INC.**



Principal Place of Business

**3540 THOMASVILLE ROAD  
TALLAHASSEE FL 32308  
US**

Mailing Address

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

2. Principal Place of Business

**1043 Epping Forest Dr**

**Tallahassee F**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip  
**32317**

Country  
**Leon**

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3369684**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **JANASIEWICZ, BRUCE**  
STREET ADDRESS **4584 CRESTDALE COURT**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VPD** ☐ Delete  
NAME **JONES, WARREN**  
STREET ADDRESS **2443 BASS BAY DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **TD** ☐ Delete  
NAME **DAUME, SHERRI**  
STREET ADDRESS **1043 EPPING FOREST DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32317**

TITLE **SD** ☒ Delete  
NAME **WEBB, SANDY**  
STREET ADDRESS **8235 GREENMONT AVENUE**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Ginger Phillips**  
STREET ADDRESS **7992 Hidden Oak Court**  
CITY-ST-ZIP **Tallahassee, FL 32317**

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

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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: **Sherrida Daume** **RESIGNED** **Daume, Treasurer 2/3/3 850-906-0065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02037 (10/02)