

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90163 050 ****61.25

DOCUMENT # N97000003207

1. Entity Name

FLORIDA TRAIL BLAZERS INC.



Principal Place of Business

**18515 DEMKO RD
ALTOONA FL 32702**

Mailing Address

**PO BOX 531
ALTOONA FL 32702**

2. Principal Place of Business

22741 Coronado Somerset Dr

3. Mailing Address

22741 Coronado Somerset Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sorrento, FL

City & State

Sorrento, FL

Zip

32776

Country

USA

Zip

32776

Country

USA

4. FEI Number **59-3407626**

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

**HARGRAVE, DONNA
18515 DEMKO RD
ALTOONA FL 32702**

**MCCRARY, CANDY
22741 Coronado Somerset Dr
Sorrento, FL 32776**

Name

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

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

Candy McCrary, Treasurer

4/18/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOUST, SUE	
STREET ADDRESS	P. O. BOX-153 N/A	
CITY-ST-ZIP	PAISLEY FL 32767	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, ZANDRA	
STREET ADDRESS	18088 SE 175TH STREET	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARGRAVE, DONNA	
STREET ADDRESS	PO BOX 531	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WEAVER, KATHY	
STREET ADDRESS	1503 WINTERGREEN BLVD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, JACK	
STREET ADDRESS	PO BOX 620	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, NEIL	
STREET ADDRESS	28130 SE 175TH STREET	
CITY-ST-ZIP	UMATILLA FL 32764	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANDY MCCRARY	
STREET ADDRESS	22741 Coronado Somerset Dr	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ben Vizzi	
STREET ADDRESS	17345 SE 290 Ave	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGRAVE, Donna	
STREET ADDRESS	PO BOX 531	
CITY-ST-ZIP	Altoona, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pottier, Pierre	
STREET ADDRESS	13549 So. Indian River Dr.	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dixon, Doug	
STREET ADDRESS	452 N. Samulada Dr	
CITY-ST-ZIP	New Smyrna, FL 32168	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDonald, Neil	
STREET ADDRESS	28130 SE 175th St.	
CITY-ST-ZIP	Umatilla, FL 32764	

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:

Candy McCrary, Treasurer 4/18/03 407-703-1741

CR2E037 (10/02)