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

DOCUMENT # N98000005840

SIGNATURE:

THE TALLAHASSEE TRAILBLAZERS INC.



May 01, 2003 8:00 am § Secretary of State

05-01-2003 90765 035 ****61.25

Principal Place of Business Mailing Address 9755 WYNTREE 9755 WYNTREE TALLAHASSEE FL 32311 TALLAHASSEE FL 32311					10014184 DID 10101 10411 I	IRAL ARIYA EENA ARIYA R	REI HIBL IIIN EI	11. 86 16 8 86 1
2. Principal Place	oe of Business Wintree Lane	3. Mailing Address 9755 Wyntree Lane						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-353	7848		oplied For
Zip 32	311 Country	Zip 32317	Country		5. Certificate of Status D	esired	\$8.75 Add	litional
	6. Name and Address of Current	<u> </u>			7. Name and Address of	of New Registered		-
SANCHO, TERESA 9755 WYNTREE LANE TALLAHASSEE FL 32311				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32317				
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 SIGNATUR								
Trust Fund Contribu				☐ À	dded to Fees	Florida Depa	rtment of S	State
10.	OFFICERS AND DIF	RECTORS	11.	AC	DITIONS/CHANGES TO	OFFICERS AND D	DIRECTORS IN	. 10
STREET ADDRESS 97) Nncho, teresa r 55 wyntree lane Llahassee fl 32317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
STREET ADDRESS 96	OZNIAK, MEGHAN O1 MICCUSUKEE ROAD ULAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE TE NAME CL STREET ADDRESS 26		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
STREET ADDRESS 60	DBLEY, ABIGAIL 14 HOWARD ST LLAHASSEE FL 32310	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anit 195 W Tall	a Gurley Chethebine Way ahassee IFC	W 32301	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
indicated on of the corpor	ify that the information supplied with this report or supplemental report is ration or the receiver of trustee empo on an attachment with an address, y	true and accurate and that movered to execute this report a	ıy signature shall h	nave the sai	ne legal effect as if made	under oath; that I	am an officer	or director