

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001741

1. Entity Name

SUNCOAST TRAILBLAZERS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90106 005 \*\*\*\*61.25

Principal Place of Business Mailing Address  
6727 FIRST AVENUE SOUTH, SUITE 202 6727 FIRST AVENUE SOUTH, SUITE 202  
ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707-1341

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0911281

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

BAILEY, JOHN P  
6727 FIRST AVENUE SOUTH, SUITE 202  
ST. PETERSBURG FL 33707

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 PD ☐ Delete  
NAME CHRISTIAN, THERESE M  
STREET ADDRESS 6199 94TH AVENUE NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33782

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

TITLE VSTD ☐ Delete  
NAME BAILEY, JOHN P  
STREET ADDRESS 7012 GREENBRIER DRIVE  
CITY-ST-ZIP SEMINOLE FL 33777

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

TITLE D' ☒ Delete  
NAME GODDARD, KIM  
STREET ADDRESS 7497 WATERSILK DRIVE  
CITY-ST-ZIP PINELLAS PARK FL 33782

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

TITLE Director ☐ Delete  
NAME Barbara Rose VanScoy  
STREET ADDRESS 29407 Allegro Dr.  
CITY-ST-ZIP Wesley Chapel, FL 33543

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

TITLE Director ☐ Delete  
NAME Karen Ballard  
STREET ADDRESS 6921 Place de la Paix  
CITY-ST-ZIP South Pasadena, FL 33707

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

TITLE Director ☐ Delete  
NAME Richard J. Neefe, Esq.  
STREET ADDRESS 119 108th Avenue, Box 105  
CITY-ST-ZIP Treasure Island, FL 33706

☐ Change ☐ Addition  
TITLE  
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: *Theresa Christian* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (727) 381-0707

CR2E037 (9/99)