

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700032

1. Entity Name

PILOT CLUB OF TALLAHASSEE, INC.

FILED

Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90009 034 ****61.25

Principal Place of Business

Mailing Address

6260 CRAWFORDVILLE RD
TALLAHASSEE FL 32310

6260 CRAWFORDVILLE RD
TALLAHASSEE FL 32310-8936

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6009746

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

FREE, OPAL
6260 CRAWFORDVILLE ROAD
TALLAHASSEE FL 32310

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 S ☒ Delete
NAME FURLONG, JANE
STREET ADDRESS 308 E PARK AVENUE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME Belinda Mizell
STREET ADDRESS 1314 Jackson Street
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE P ☐ Delete
NAME PARKER, JANE
STREET ADDRESS 1702 VERNIA CT
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☒ Delete
NAME EDENFIELD, CHARLOTTE E.
STREET ADDRESS RT 2 BOX 560
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Change ☒ Addition
NAME Brenda Gliffin
STREET ADDRESS Vice President + Director
CITY-ST-ZIP 110 BROWN ST., #207
TALLAHASSEE, FL 32301

TITLE D ☒ Delete
NAME FREE, OPAL
STREET ADDRESS 6260 CRAWFORDVILLE RD
CITY-ST-ZIP TALLAHASSEE, FL 00000 32310

TITLE ☐ Change ☒ Addition
NAME SECRETARY WALLACE
STREET ADDRESS 434 HAWTHORNE ST.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE F ☐ Delete
NAME FURLONG, MARGARET
STREET ADDRESS 1416 LEE AVE
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☒ Delete
NAME SKOGLUND, LINDA
STREET ADDRESS 8782 MILES JOHNSON RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS Linda Phillips
CITY-ST-ZIP 2920 FANNING WATKINS WAY
TALLAHASSEE FL 32308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.

4/26/00

Date

850-681-6710

Daytime Phone #

CR2E037 (9/99)