

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

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90772 002 \*\*\*\*61.25

DOCUMENT # 700032

1. Entity Name

PILOT CLUB OF TALLAHASSEE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1314 JACKSON STREET

Suite, Apt. #, etc.

3. Mailing Address

1314 JACKSON STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. FEI Number

596009746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name BELINDA MIZELL

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

1314 JACKSON STREET

City

TALLAHASSEE

FL

Zip Code

32303

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

*Belinda Mizell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02

DATE

FEE IS \$61.25  
Initial or Amended UBR

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

TITLE PRESIDENT/DIRECTOR  
NAME BELINDA MIZELL  
STREET ADDRESS 1314 JACKSON STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VICE DIRECTOR  
NAME MARGARET WALLACE  
STREET ADDRESS 932 HAWTHORNE STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE DIRECTOR  
NAME LAKE WATSON  
STREET ADDRESS PO BOX 180273  
CITY-ST-ZIP TALLAHASSEE, FL 32318

TITLE TREASURER/TRUSTEE  
NAME BRIDGET DENVISH  
STREET ADDRESS 628 SUMMERBROOK DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE DIRECTOR  
NAME JANE FURLONG  
STREET ADDRESS 2623 NORTH MONROE STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bridget D. Denvish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (850) 410-9805

Date

Daytime Phone #

CR2E037B (12/01)