

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

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

DOCUMENT # 700032

1. Entity Name

PILOT CLUB OF TALLAHASSEE, INC.

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



DO NOT WRITE IN THIS SPACE

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	<input checked="" type="checkbox"/> Delete
NAME	FURLONG, JANE	
STREET ADDRESS	308 E PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARKER, JANE	
STREET ADDRESS	1702 VERNIA CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDENFIELD, CHARLOTTE E.	
STREET ADDRESS	RT 2 BOX 560	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREE, OPAL	
STREET ADDRESS	6260 CRAWFORDVILLE RD	
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32310	
TITLE	F	<input type="checkbox"/> Delete
NAME	FURLONG, MARGARET	
STREET ADDRESS	1416 LEE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SKOGLUND, LINDA	
STREET ADDRESS	8782 MILES JOHNSON RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	Belinda Mizell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Belinda Mizell	
STREET ADDRESS	1314 Jackson Street	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Gliffin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Vice President / Director	
CITY-ST-ZIP	110 Broward St., #207	
TITLE	SECRETARY WALLACE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSAKAT WALLACE	
STREET ADDRESS	439 HAWTHORNE ST.	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Linda Phillips	
CITY-ST-ZIP	2920 FALING WATERS 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 REQUIRED 4. 4/26/00 850-681-6710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)