

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0014428

DOCUMENT # 700032

1. Entity Name

PILOT CLUB OF TALLAHASSEE, INC.

04-06-2001 90054 017 ****61.25

Principal Place of Business

Mailing Address

6260 CRAWFORDVILLE RD
 TALLAHASSEE FL 32310

6260 CRAWFORDVILLE RD
 TALLAHASSEE FL 32310

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: PED
 NAME: MIZELL, BELINDA
 STREET ADDRESS: 1314 JACKSON ST
 CITY-ST-ZIP: TALLAHASSEE FL 32303 Delete

TITLE: President (P) Change Addition

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

TITLE: Change Addition

TITLE: VD
 NAME: GRIFFIN, BRENDA
 STREET ADDRESS: 110 BROWARD ST #207
 CITY-ST-ZIP: TALLAHASSEE FL 32301 Delete

TITLE: Change Addition

TITLE: S
 NAME: WALLACE, MARGARET
 STREET ADDRESS: 932 HAWTHORNE ST
 CITY-ST-ZIP: TALLAHASSEE FL 32308 Delete

TITLE: Change Addition

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

TITLE: (D) Director
 NAME: Lakecia Watson
 STREET ADDRESS: 2369 Indian Springs Ct.
 CITY-ST-ZIP: Tallahassee FL 32303 Change Addition

TITLE: T
 NAME: PHILLIPS, LINDA
 STREET ADDRESS: 2920 FALLING WATERS WAY
 CITY-ST-ZIP: TALLAHASSEE FL 32308 Delete

TITLE: (T) Treasurer
 NAME: Charlotte Edenfield
 STREET ADDRESS: 3181 Chaires Cross Rd
 CITY-ST-ZIP: Tallahassee FL 32311 Change Addition

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:

Charlotte Edenfield
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

850 894-3000

Daytime Phone #

CR2E037 (10/00)