

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/8

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90059 033 \*\*\*\*61.25

**DOCUMENT # N45612**

1. Entity Name

**PILOT CLUB OF TALLAHASSEE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2623 NORTH MONROE STREET  
 TALLAHASSEE FL 32303

2623 NORTH MONROE STREET  
 TALLAHASSEE FL 32303-4027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3149690**

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

**JANE P. FURLONG**  
 2623 NORTH MONROE STREET  
 TALLAHASSEE FL 32303

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 NAME	<b>D</b> FURLONG, JANE P	<input type="checkbox"/> Delete
STREET ADDRESS	2623 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME	<b>D</b> SANDRA STOCKWELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1032 MERRITT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	<b>TD</b> EDENFIELD, CHARLOTTE A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3181 CHAIRES CROSS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE NAME	<b>SD</b> DIXON, DENE	<input type="checkbox"/> Delete
STREET ADDRESS	1445 MITCHELL AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME	<b>PD</b> SALTERS, AGATHA	<input type="checkbox"/> Delete
STREET ADDRESS	2623 NORTH MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>TD</b> SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE NAME	<b>SD</b> WALLACE, MARGARET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	932-HAWTHORNE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE NAME	<b>VPD</b> WOLFE, CAROL S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3701 SUFFOLK DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE NAME	<b>PD</b> SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE NAME	<b>D</b> SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SAME	
CITY-ST-ZIP	SAME	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: JANE P. FURLONG **SIGNATURE REQUIRED** JANE P. FURLONG 3-1-00 850-386-2193  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)