

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90334 014 \*\*\*\*61.25

**DOCUMENT # N45612**

1. Entity Name

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

Principal Place of Business

2623 NORTH MONROE STREET  
 TALLAHASSEE FL 32303

Mailing Address

2623 NORTH MONROE STREET  
 TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3149690**

Applied For  
 Not Applicable

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Furlong, Jane P.</b> <b>2623 North Monroe Street</b> <b>Tallahassee, FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Wolfe, Carol</b> <b>3701 Suffolk Drive</b> <b>Tallahassee, FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Wallace, Margaret</b> <b>932 Hawthorne Street</b> <b>Tallahassee, FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Dixon, Dene</b> <b>1445 Mitchell Avenue</b> <b>Tallahassee, FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Salters, Agatha</b> <b>2623 North Monroe Street</b> <b>Tallahassee, FL 32303</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/01 (850) 561-0026  
Date Daytime Phone #

CR2E037 (10/00)