

FILED

Apr 25, 2000 8:00 am
Secretary of State

01-22-2000 90034 018 ****61.25

DOCUMENT # N96000004549

1. Entity Name

TALLAHASSEE AUBURN CLUB, INC.

Principal Place of Business

830 N DAWSON ST
THOMASVILLE HG 31792
US

Mailing Address

830 N DAWSON ST
THOMASVILLE GA 31792-4453
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DAVIS, L N
2040 NW 57TH PL
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name L. Nick Davis

Street Address (P.O. Box Number is Not Acceptable)
2040 NW 67th Place

City Gainesville FL Zip Code 32653

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME DAVIS, L Director

STREET ADDRESS 830 N DAWSON ST
CITY-ST-ZIP THOMASVILLE GA 31792TITLE VP ☒ DeleteNAME SIDOR, KEVIN
STREET ADDRESS 2503 H OLD BAINBRIDGE RD
CITY-ST-ZIP TALLAHASSEE FL 32303TITLE T ☐ DeleteNAME HERRIGON, LISA
STREET ADDRESS 4240 SHERBORNE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312TITLE VPD ☒ DeleteNAME DAVIS, NICK
STREET ADDRESS 830 NORTH DAWSON STREET
CITY-ST-ZIP THOMASVILLE GA 32792TITLE T ☐ DeleteNAME GOLDBERG, ALISA Director
STREET ADDRESS 7128 UPLAND GLADE
CITY-ST-ZIP TALLAHASSEE FL 32316TITLE TD ☒ DeleteNAME PICKRON, RITCHIE
STREET ADDRESS 1742 RIVER BIRCH HOLLOW
CITY-ST-ZIP TALLAHASSEE FL 32308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME STEWART PROCTOR Director
STREET ADDRESS 1844 CHARDONY PLACE
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE 1st VICE P ☐ Change ☒ AdditionNAME RITCHIE PICKRON Director
STREET ADDRESS 1742 RIVER BIRCH HOLLOW
CITY-ST-ZIP TALLAHASSEE FL 32308TITLE 2nd VP ☐ Change ☐ AdditionNAME LATISHA DUNNOK Director
STREET ADDRESS 2711 ALLEN RD Apt H-1
CITY-ST-ZIP TALLAHASSEE FL 32312TITLE 3rd VP ☐ Change ☒ AdditionNAME LISA VANDENWAEF HERRIGON Director
STREET ADDRESS 4240 SHERBORNE RD
CITY-ST-ZIP TALLAHASSEE FL 32312TITLE ☐ Change ☐ AdditionNAME LISA VANDENWAEF HERRIGON Director
STREET ADDRESS 4240 SHERBORNE RD
CITY-ST-ZIP TALLAHASSEE FL 32312TITLE ☐ Change ☐ AdditionNAME LISA VANDENWAEF HERRIGON Director
STREET ADDRESS 4240 SHERBORNE RD
CITY-ST-ZIP TALLAHASSEE FL 32312

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

04/17/2000

Date

352-375-7666

Daytime Phone #

CR2E037 (9/99)