

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90197 039 \*\*\*\*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  
US

2. Principal Place of Business

823 LAKE RIDGE DR

3. Mailing Address

P.O. Box 15123

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32317-5123

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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 STEWART PROCTOR

Street Address (P.O. Box Number is Not Acceptable)

823 LAKE RIDGE DR

TALLAHASSEE

City

FL

Zip Code 32312

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

*Stewart Proctor*

STEWART PROCTOR - PRESIDENT

2/5/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, L 830 N DAWSON ST THOMASVILLE GA 31792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROCTOR, STEWART 1844 CHARDONY PL TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICKRON, RITCHIE 1742 RIVER BACH HOLLOW TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNNAH, LATISHA 2711 ALLEN RD AP H1 TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDBERG, ALISA 7128 UPLAND GLADE TALLAHASSEE FL 32316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORRIGAN, LISA V 4240 SHERBORNE RD TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART PROCTOR 823 LAKE RIDGE DR TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK WHITLEY 3312 VASSER CT TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICK DAVIS 830 N. DAWSON ST THOMASVILLE, GA 31792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>KURT LIEBLONG</del> KURT LIEBLONG 1511 WILLOW WICK DR TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISA VANDER WERF HOURIGAN 4240 SHERBORNE DR TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEP SHEPPARD 818 JAMESTOWN CT TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" 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:

*Stewart Proctor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01 (850) 907-0201

CR2E037 (10/00)