

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90079 046 \*\*\*\*61.25

**DOCUMENT # N96000004549**

1. Entity Name

**TALLAHASSEE AUBURN CLUB, INC.**

Principal Place of Business

Mailing Address

823 LAKE RIDGE DR  
 TALLAHASSEE FL 32312  
 US

P O BOX 15123  
 TALLAHASSEE FL 32317-5123  
 US

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

**NOT APPLICABLE**

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

**PROCTOR, STEWART**  
**823 LAKE RIDGE DR**  
**TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PROCTOR, STEWART</b>	
STREET ADDRESS	<b>823 LAKE RIDGE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITLEY, FRANK</b>	
STREET ADDRESS	<b>3312 VASSFR CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVID, NICK</b>	
STREET ADDRESS	<b>830 N DAWSON ST</b>	
CITY-ST-ZIP	<b>THOMASVILLE GA 31792</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LIEBRONG, KURT</b>	
STREET ADDRESS	<b>1511 WILLOW WICK DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOURIGAN, LISA VW</b>	
STREET ADDRESS	<b>4240 SHERBORNE DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHEPPARD, SHEP</b>	
STREET ADDRESS	<b>818 JAMESTOWN CT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RITCHIE PICKRON</b>	
STREET ADDRESS	<b>1742 RIVERBIRCH HOLLOW</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBRONG, KURT</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FUTCH, NATALIE</b>	
STREET ADDRESS	<b>1551 CRISTOBAL DR #1</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32303</b>	

CR2E037 (4/02)

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: *Nick Liebrong* **BECKURTG LIEBRONG** 9/9/02 (850) 414-4787