

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

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

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

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 David* BECKWORTH LIEBRONG 9/9/02 (850) 414-4787