

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N96000004549**

1. Entity Name

**TALLAHASSEE AUBURN CLUB, INC.**



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90541 019 \*\*\*\*61.25

0007353

Principal Place of Business

**823 LAKE RIDGE DR  
TALLAHASSEE FL 32312  
US**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PROCTOR, STEWART**  
STREET ADDRESS **823 LAKE RIDGE DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **P** ☐ Delete  
NAME **PICKRON, RITCHIE**  
STREET ADDRESS **1742 RIVERBIRCH HOLLOW**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete  
NAME **DAVID, NICK**  
STREET ADDRESS **830 N DAWSON ST**  
CITY-ST-ZIP **THOMASVILLE GA 31792**

TITLE **T** ☐ Delete  
NAME **UEBLONG, KURT**  
STREET ADDRESS **1511 WILLOW WICK DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
NAME **HOIRIGAN, LISA VW**  
STREET ADDRESS **4240 SHERBORNE DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **S** ☐ Delete  
NAME **FUTCH, NATALIE**  
STREET ADDRESS **1551 CRISTOBAL DR #1**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**4/29/03**

Date

**(850) 224-4788**

Daytime Phone #

CR2E037 (10/02)