

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90451 010 ****61.25

0083746

DOCUMENT # 720507

1. Entity Name

TATE QUARTERBACK CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 303
 GONZALEZ FL 32560

P.O. BOX 303
 GONZALEZ FL 32560

BU064541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **03-0001014**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NORTON, DENNIS
838 CANDY LANE
CANTONMENT FL 32533

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/1/02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CONDREN, JIMMY	
STREET ADDRESS	1509 MUIRFIELD RD.	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAND, MARY	
STREET ADDRESS	130 BALBOA ROAD	
CITY-ST-ZIP	CANTONMENT.FL 32533	
TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, PACKY	
STREET ADDRESS	765 NEAL ROAD	
CITY-ST-ZIP	CANTONMENT RD 32533	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETERS, GARY	
STREET ADDRESS	1134 OAK RIDGE TRAIL	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORTON, DENNIS	
STREET ADDRESS	838 CANDYLANE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REED, STEVE	
STREET ADDRESS	717 VALLEY RIDGE WAY	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Mack	
STREET ADDRESS	210 Washington St	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynne Noack	
STREET ADDRESS	10260 Sugar Creek Place	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dewayne Annette	
STREET ADDRESS	1156 Hwy 95A North	
CITY-ST-ZIP	Cantonment, FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugh Sweeney	
STREET ADDRESS	10402 Pine Hill Terrace	
CITY-ST-ZIP	Pensacola, FL 32514	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Norton

Date

Daytime Phone #

4/1/02 1-850 456-5580

CR2E037 (9/01)