

2000 UNIFORM BUSINESS REPORT (UBR)

7/24

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-24-2000 90009 015 ****70.00

DOCUMENT # 761109

1. Entity Name

RAIDER QUARTERBACK CLUB, INC.

Principal Place of Business

220 RAIDER ROAD
P.O. BOX 560012
ROCKLEDGE FL 32956-7012

Mailing Address

220 RAIDER ROAD
P.O. BOX 560012
ROCKLEDGE FL 32956-0012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2866846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COFFMAN, DAVID C
904 LEVITT PKWY
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name DARLA L. NICHOLS

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

2849 DAVIS LN.

2849 DAVIS LANE

City ROCKLEDGE

FL

Zip Code 32955

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

Darla L. Nichols

DARLA L. NICHOLS

4-25-00

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 PD ☐ Delete
NAME CAMP, REBECCA H
STREET ADDRESS 2258 ROYAL OAK DR
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VD ☒ Delete
NAME STEPHENSON, SUSAN
STREET ADDRESS 1026 CORONADO DRIVE
CITY-ST-ZIP ROCKLEDGE FL

TITLE SD ☒ Delete
NAME MARTIN, DEBRA
STREET ADDRESS 735A THOMAS LANE
CITY-ST-ZIP COCOA FL 32928

TITLE T ☒ Delete
NAME COFFMAN, DAVID C
STREET ADDRESS 904 LEVITT PKWY
CITY-ST-ZIP ROCKLEDGE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME BETTY GOINS
STREET ADDRESS 1122 HOWARD ST.
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE SECRETARY ☐ Change ☒ Addition
NAME KAREN STONE
STREET ADDRESS 2008 THESY DR.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE TREASURER ☐ Change ☒ Addition
NAME DARLA L. NICHOLS
STREET ADDRESS 2849 DAVIS LANE
CITY-ST-ZIP ROCKLEDGE, FL 32955

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)(f), 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:

Darla L. Nichols

DARLA L. NICHOLS 4/25/00 321-636-4195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)