

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90047 039 \*\*\*\*61.25

**DOCUMENT # N94000000128**

1. Entity Name

**FLORIDA BASKETBALL OFFICIALS, INC.**

A0006512



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

216 S MONROE ST  
 SUITE 200  
 TALLAHASSEE FL 32301  
 US

216 SO MONROE ST  
 SUITE 200  
 TALLAHASSEE FL 32301-0508  
 US

2. Principal Place of Business

3. Mailing Address

**301 S. BRONOUGH ST.**

**301 S. BRONOUGH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 200**

**SUITE 200**

City & State  
**TALLAHASSEE FL**

City & State  
**TALLAHASSEE FL**

4. FEI Number

**59-3218370**

Applied For

Not Applicable

Zip  
**32301**

Country  
**US**

Zip  
**32301**

Country  
**US**

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

**HARRIS, BOB L**  
**216 S MONROE ST**  
**SUITE 200**  
**TALLAHASSEE FL 32301**

Name

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

**301 S. BRONOUGH ST.**

**SUITE 200**

City

**Tallahassee**

FL

Zip Code

**32301**

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

*[Handwritten Signature]*

**BOB L. HARRIS**

**JANUARY 12, 2000**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete

NAME **HARRIS, BOB L**  
 STREET ADDRESS **3536 ROSEMONT RIDGE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition

TITLE  Delete

NAME **HARRIS, LIBBA C**  
 STREET ADDRESS **3536 ROSEMONT RIDGE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition

TITLE  Delete

NAME **CARR, JEAN T**  
 STREET ADDRESS **1920 BOTANY DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

TITLE  Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition

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 REQUIRED**

01/12/00

222-3471

CF12E037 (9/99)