

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0005197

DOCUMENT # N94000000128

1. Entity Name

FLORIDA BASKETBALL OFFICIALS, INC.

02-04-2002 90116 017 ****61.25

Principal Place of Business

**301 S. BRONOUGH ST.
 SUITE 200
 TALLAHASSEE FL 32301
 US**

Mailing Address

**301 S. BRONOUGH ST.
 SUITE 200
 TALLAHASSEE FL 32301
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3218370**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARRIS, BOB L
 301 S. BRONOUGH ST
 SUITE 200
 TALLAHASSEE FL 32301**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D | <input type="checkbox"/> Delete |
| NAME | HARRIS, BOB L | |
| STREET ADDRESS | 3536 ROSEMONT RIDGE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIS, LIBBA C | |
| STREET ADDRESS | 3536 ROSEMONT RIDGE | |
| CITY-ST-ZIP | TALLAHASSEE FL 32312 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARR, JEAN T | |
| STREET ADDRESS | 1920 BOTANY DR | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **BOB L. HARRIS** 1/17/02 222-3471

CR2E037 (9/01)