

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000128
 1. Entity Name
 FLORIDA BASKETBALL OFFICIALS, INC.



Principal Place of Business Mailing Address
 215 S. MONROE ST., SUITE 701 215 S. MONROE ST., SUITE 701
 TALLAHASSEE, FL 32301 US TALLAHASSEE, FL 32301 US

DO NOT WRITE IN THIS SPACE



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3218370 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HARRIS, BOB L
 215 S. MONROE ST., SUITE 701
 TALLAHASSEE, FL 32301

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | HARRIS, BOB L |
| STREET ADDRESS | 3536 ROSEMONT RIDGE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 |
| TITLE | D |
| NAME | HARRIS, LIBBA C |
| STREET ADDRESS | 3536 ROSEMONT RIDGE |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 |
| TITLE | D |
| NAME | CARR, JEAN T |
| STREET ADDRESS | 1920 BOTANY DR |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 01/16/04-80042-023 61.25

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: _____ 1/15/04 850-222-0720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #