

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90502 033 ****61.25

DOCUMENT # N94000000128

1. Entity Name
FLORIDA BASKETBALL OFFICIALS, INC.



Principal Place of Business Mailing Address
**301 S. BRONOUGH ST.
SUITE 200
TALLAHASSEE FL 32301
US** **301 S. BRONOUGH ST.
SUITE 200
TALLAHASSEE FL 32301
US**

2. Principal Place of Business 3. Mailing Address
215 S. Monroe St. **215 S. Monroe St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
701 Suite **Suite 701**
City & State City & State
Tallahassee, FL **Tallahassee, FL**

Zip Country Zip Country
F 32301 **USA** **32301** **USA**

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.
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)
215 S. Monroe St
Suite 701
City State Zip Code
Tallahassee **FL** **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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE [Signature] DATE 1/13/03
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 Florida 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
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
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] DATE: 1/13/03 222-0720
SIGNATURE REQUIRED

CR2E037 (10/02)