

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732265

1. Entity Name

BIG RED QUARTERBACK CLUB, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90076 046 ****61.25

Principal Place of Business
NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
N. FT. MYERS FL 33903

Mailing Address
NORTH FORT MYERS HIGH SCHOOL
5000 ORANGE GROVE BLVD.
N. FT. MYERS FL 33903-5231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1702092**

Applied For
Not Applicable

Zip Country Zip Country

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

MILLER, HAROLD V.
17911 LEETANA RD.
N FT MYERS FL 33917

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 _____ (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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, STEVEN M		NAME		
STREET ADDRESS	1519 SE 20TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUFO, KENNETH		NAME		
STREET ADDRESS	1044 SE 23RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUFO, ROSE		NAME		
STREET ADDRESS	1044 S E 23RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINSTOCK, JULIE		NAME		
STREET ADDRESS	1397 LINCOLN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH FT MYERS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODWIN, SUZETTE		NAME		
STREET ADDRESS	1751 ST CLAIR AVE E		STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEWEY, BOBBIE		NAME		
STREET ADDRESS	4569 TENNYSON DR		STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		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: Suzette Goodwin Julie Weinstock 5/1/00 941-395-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)