

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90011 039 ****61.25

DOCUMENT # 732265

1. Entity Name

BIG RED QUARTERBACK CLUB, INC.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1702092

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, STEVEN M	
STREET ADDRESS	1519 SE 20TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RUFO, KENNETH	
STREET ADDRESS	1044 SE 23RD AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RUFO, ROSE	
STREET ADDRESS	1044 S E 23RD AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEINSTOCK, JULIE	
STREET ADDRESS	1397 LINCOLN AVENUE	
CITY-ST-ZIP	NORTH FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOODWIN, SUZETTE	
STREET ADDRESS	1751 ST CLAIR AVE E	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEWEY, BOBBIE	
STREET ADDRESS	4569 TENNYSON DR	
CITY-ST-ZIP	N. FT. MYERS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUNTON, ROBERT	
STREET ADDRESS	5716 GALLOWAY DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, DANNY	
STREET ADDRESS	9521 LITTLETON ROAD	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULZE, BARBARA	
STREET ADDRESS	507 NE 15 AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, DEBRA	
STREET ADDRESS	9521 LITTLETON ROAD	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, PAUL	
STREET ADDRESS	39 NE 13TH AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33909	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)