

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

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90116 038 ****61.25

0014159

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALLARD, DANNY G
9521 LITTLETON RD.
FORT MYERS FL 33903**

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEEEROFT, COLLEEN	
STREET ADDRESS	1838 SE 1ST STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPIRES, LISA	
STREET ADDRESS	8160 PENNY DR.	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SPOSALO, PATSY	
STREET ADDRESS	1804 SW 2ND PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BALLARD, DANNY	
STREET ADDRESS	9521 LITTLETON RD.	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLARD, DEBRA	
STREET ADDRESS	9521 LITTLETON RD	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Festa	
STREET ADDRESS	209 SE 35th St	
CITY-ST-ZIP	Cape Coral, FL 33991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peggy Goff	
STREET ADDRESS	1825 SE 1st Ter	
CITY-ST-ZIP	Cape Coral, FL 33991	
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 **m. Spires**

8/5/03 (234)543-7791

CR2E037 (4/03)