

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90080 043 ****61.25

DOCUMENT # 752827

1. Entity Name

JACKSONVILLE QUARTERBACK CLUB, INC.

Principal Place of Business

Mailing Address

**50 N LAURA ST
 S2925
 JACKSONVILLE FL 32202**

**50 N LAURA ST
 S2925
 JACKSONVILLE FL 32202**

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

59-2040644

Applied For

Not Applicable

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

**McMENAMY, WILLIAM B.
 50 N LAURA ST
 S2925
 JACKSONVILLE FL 32202**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
 NAME **NIMNIGHT, W BILLIE**
 STREET ADDRESS **150 CASSAT AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **SLAPPEY, MARK**
 STREET ADDRESS **4681 EMPIRE AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VD** ☐ Change ☒ Addition
 NAME **JAMES WHITE**
 STREET ADDRESS **2838 EVERHOLLY LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **PD** ☒ Delete
 NAME **STONER, LYNN W.**
 STREET ADDRESS **13770 PLEASANT VALLEY DR.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **VINCENT COYLE**
 STREET ADDRESS **4874 EMPIRE AVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **TD** ☒ Delete
 NAME **JONES, HAROLD**
 STREET ADDRESS **2203 SMULLIAN TRAIL N.**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VD** ☐ Change ☒ Addition
 NAME **JOHN LOUCHARAN**
 STREET ADDRESS **5907 SALLYWOODS LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☐ Delete
 NAME **RUPP, BRADLEY R**
 STREET ADDRESS **12202 MAYORS DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 #

SIGNATURE REQUIRED R. WHITE - VP

2/13/02

904-396-4015

CR2E037 (9/01)