

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90124 030 *****61.25

DOCUMENT # 759839

1. Entity Name

BIG BEND FOOTBALL OFFICIALS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1306
TALLAHASSEE FL 32302-1306

Mailing Address

P.O. BOX 1306
TALLAHASSEE FL 32302-1306

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 **59-2190894**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FREDRICKSON, STEPHEN C.
1280 REDFIELD RD.
TALLAHASSEE FL 32311

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

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 **PD** ☒ Delete
NAME **HOLLOMAN, TANNER**
STREET ADDRESS **10497 VALENTINE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **DML** ☐ Change ☒ Addition
NAME **David McPaul**
STREET ADDRESS **1766 Tolar-White Road**
CITY-ST-ZIP **Quincy, FL 32351**

TITLE **VD** ☐ Delete
NAME **ADKINSON, CHRIS**
STREET ADDRESS **3105 ELDWOOD TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PD** ☒ Change ☐ Addition
NAME **Adkinson, Chris**
STREET ADDRESS **3105 Eldwood Trail**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **TD** ☐ Delete
NAME **GRIFFIN, JOHN E**
STREET ADDRESS **1132 BLACKHAWK WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **DML** ☐ Delete
NAME **RECTOR, JAMES**
STREET ADDRESS **2405 MAXIA AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

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

TITLE **SD** ☐ Delete
NAME **GOUGH, VALDRON**
STREET ADDRESS **1224 RONDS POINTE DR E**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **DML** ☐ Change ☒ Addition
NAME **George Stanley**
STREET ADDRESS **1302 Smoke Rise Lane**
CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **AI Tutson**
STREET ADDRESS **2000 N. Meridian Rd #234**
CITY-ST-ZIP **Tallahassee, FL 32303**

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:

SIGBHTSIEGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/03

Date

(850) 894-1009

Daytime Phone #

CR2E037 (10/02)