

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

DOCUMENT # N00000001330

1. Entity Name  
THE QUARTERBACK CLUB, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -1 AM 9:02

Principal Place of Business  
72 HORSESHOE RD  
MONTICELLO, FL 32344

Mailing Address  
PO BOX 6605  
TALLAHASSEE, FL 32314

*JA*



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3629491

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

MURRAY, SONYA  
72 HORSESHOE RD  
MONTICELLO, FL 32344

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

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  
NAME MURRAY, SONYA  
STREET ADDRESS 72 HORSESHOE RD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☒ Delete

TITLE PD  
NAME James McRoy  
STREET ADDRESS 72 Horseshoe Rd  
CITY-ST-ZIP Monticello, FL 32344 ☒ Change ☐ Addition

TITLE VD  
NAME MCROY, JAMES  
STREET ADDRESS 72 HORSESHOE RD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE TD  
NAME Sonya Murray  
STREET ADDRESS 72 Horseshoe Rd  
CITY-ST-ZIP Monticello, FL 32344 ☒ Change ☐ Addition

TITLE TD  
NAME ROSIER, KELVIN  
STREET ADDRESS 72 HORSESHOE RD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE DS  
NAME Erica Colley  
STREET ADDRESS 72 Horseshoe Rd  
CITY-ST-ZIP Monticello, FL 32344 ☒ Change ☐ Addition

TITLE SD  
NAME FLANIGAN, CHANDA  
STREET ADDRESS 72 HORSESHOE RD  
CITY-ST-ZIP MONTICELLO, FL 32344 ☐ Delete

TITLE VP  
NAME Sam Dixie  
STREET ADDRESS 72 Horseshoe Rd  
CITY-ST-ZIP Monticello, FL 32344 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

4/1/03

Date

830342-1195

Daytime Phone #

CR2E037 (10/02)