

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17647

1. Entity Name

NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, IN

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90156 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

FLEET RESERVE ASSOC #91  
JACKSONVILLE FL 32244  
US

6309 SAUTERNE DRIVE  
JACKSONVILLE FL 32210-7730  
US

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

59-2693139

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

REID, ROY S.  
6309 SAUTERNE DRIVE  
JACKSONVILLE FL 32210

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 ☐ Delete  
NAME D  
STREET ADDRESS KING, LISA  
CITY-ST-ZIP 2320 COLLEGE ST  
JACKSONVILLE FL 32204

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BASYE, RICHARD L.  
CITY-ST-ZIP 7 STAR FISCH COURT  
PONTE VEDRA BEACH FL

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Annalee McPhilly  
CITY-ST-ZIP 1388 ELLIS TRACE DRIVE W.  
JACKSONVILLE, FL 32205

TITLE ☐ Delete  
NAME T  
STREET ADDRESS REID, ROY S.  
CITY-ST-ZIP 6309 SAUTERNE DRIVE  
JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6309 SAUTERNE DR.  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MARTIN, DAVE  
CITY-ST-ZIP 3970 SOUTH PINE BREEZE RD  
JACKSONVILLE FL 32257

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

TITLE ☒ Delete  
NAME P  
STREET ADDRESS MOORE, VANCE G.  
CITY-ST-ZIP 1048 VERONICA ST  
JACKSONVILLE FL 32205

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CLARENCE, JAMES  
CITY-ST-ZIP 4211 TIMBER LAKE DR. N  
JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS CLARENCE JAMES  
CITY-ST-ZIP (NAME BACKWARDS)

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

4/25/00

904-739-7690 ext 114

Date

Daytime Phone #