

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

06-13-2002 90383 024 ****61.25

DOCUMENT # N17647

1. Entity Name

NORTH FLORIDA FOOTBALL OFFICIALS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**FLEET RESERVE ASSOC #91
 JACKSONVILLE FL 32244
 US**

**6309 SAUTERNE DRIVE
 JACKSONVILLE FL 32210
 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**

DO NOT WRITE IN THIS SPACE

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 DEBORDE, TOM**
 STREET ADDRESS **7563 WALDEN RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

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

TITLE ☐ Delete
 NAME **D MCPHILOMY, ANNALEE**
 STREET ADDRESS **1388 ELLIS TRACE DRIVE W**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **LISA King**
 CITY-ST-ZIP **2320 College Street**
JACKSONVILLE, FL 32204

TITLE ☒ Delete
 NAME **V GIOIA, GARY**
 STREET ADDRESS **10096 PERSIMMONS**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Doug Booker**
 CITY-ST-ZIP **2933 West 4th Street**
JACKSONVILLE, FL 32254

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

TITLE ☐ Change ☐ 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 ROY REID

6/10/02 904-819-2136.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)