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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

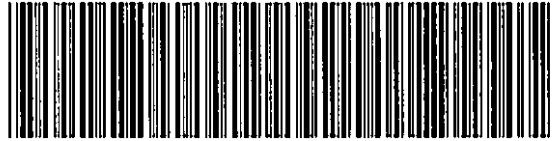
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Sgt
10/20/20*

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: UNION COUNTY QUARTERBACK CLUB, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: T. DANIEL WEBB

Name (Printed or typed)

841 NE THIRD STREET

Address

LAKE BUTLER, FL 32054

City, State & Zip

(352) 474-7249

Daytime Telephone number

TDANWEBB@AOL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: UNION COUNTY QUARTERBACK CLUB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:	Mailing address, if different is:
<u>55 SW 6TH STREET</u>	_____
<u>LAKE BUTLER, FL 32054</u>	_____
_____	_____
_____	_____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE SUPPORT FOR THE UNION COUNTY HIGH SCHOOL FOOTBALL PROGRAM

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: ANNUAL ELECT.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DAVID W. HARRIS, PRESIDENT</u>	Name and Title:	_____
Address	<u>23971 NE SR 16</u>	Address:	_____
	<u>RAIFORD, FL 32083</u>		_____
	_____		_____

Name and Title:	<u>CATHY M. SAMS, SECRETARY</u>	Name and Title:	_____
Address	<u>15891 W SR 100</u>	Address:	_____
	<u>LAKE BUTLER, FL 32054</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: T. DANIEL WEBB _____

Address: 841 NE THIRD STREET _____

LAKE BUTLER, FL 32054 _____

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: T. DANIEL WEBB _____

Address: 841 NE THIRD STREET _____

LAKE BUTLER, FL 32054 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

9/24/20
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

9/24/20
Date