

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30442

1. Entity Name

COLUMBIA COUNTY QUARTERBACK CLUB, INC.

Principal Place of Business

P.O. BOX 774
LAKE CITY FL 32056-0774

Mailing Address

P.O. BOX 774
LAKE CITY FL 32056-0774

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

RR 10 Box 163

Suite, Apt. #, etc.

City & State

LAKE CITY FL

Zip

32025

Country

USA

4. FEI Number

59-2488935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GUY N CPA
RT 10 BOX 163
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

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

TITLE	P	NAME	KEITH, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			RT.12 BOX 916	
CITY-ST-ZIP			LAKE CITY FL 32025	
TITLE	V	NAME	BREWIN, ROBBIE	<input type="checkbox"/> Delete
STREET ADDRESS			RT.6 BOX 379-R	
CITY-ST-ZIP			LAKE CITY-FL 32025	
TITLE	S	NAME	ROBINSON, JOE	<input type="checkbox"/> Delete
STREET ADDRESS			107 OLD JACKSONVILLE HWY	
CITY-ST-ZIP			LAKE CITY FL 32055	
TITLE	T	NAME	WHEELER, BRADLEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			RT.13 BOX 186-A	
CITY-ST-ZIP			LAKE CITY FL 32055	
TITLE	D	NAME	LITTLE, ROGER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			RT. 9 BOX 764	
CITY-ST-ZIP			LAKE CITY FL 32024	
TITLE	D	NAME	RONSONET, NORBIE	<input type="checkbox"/> Delete
STREET ADDRESS			810 E. DUVAL ST.	
CITY-ST-ZIP			LAKE CITY FL 32055	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	LITTLE, ROGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			RT. 9 BOX 764	
CITY-ST-ZIP			LAKE CITY, FL 32024	
TITLE	T	NAME	Andrew Porter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			RT. 10 BOX 884	
CITY-ST-ZIP			LAKE CITY, FL 32025	
TITLE	D	NAME	Glenn Hunter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2410 S. 1st Street	
CITY-ST-ZIP			LAKE CITY, FL 32025	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 RECORDED

1-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90102 004 ****61.25



DO NOT WRITE IN THIS SPACE