

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34185

1. Entity Name

LABELLE QUARTERBACK CLUB, INC.

Principal Place of Business

Mailing Address

% JOHN JAY WATKINS
150 S MAIN ST. P O BOX 250
LABELLE FL 33953

% JOHN JAY WATKINS
150 S MAIN ST. P O BOX 250
LABELLE FL 33953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
33935

Country

Zip
33975

Country

4. FEI Number

65-0204742

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WATKINS, JOHN JAY
150 S MAIN ST
SUITE 3
LABELLE FL 33953 33935

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
O'FERRELL, JOHN ☐ Delete
744 CALOOSA ESTATES DR
LABELLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARRIS, DARRELL ☐ Delete
N RIVER RD P.O. BOX 963 N/A
LABELLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LYONS, DAVE ☐ Delete
380 BELMONT
LABELLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BURTON, JEFF ☐ Delete
1301 CAPT HENDRY DR.
LABELLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
33935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOPER, SCOTT ☐ Delete
4050 COWBOY WAY
LABELLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
33935

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:

Jeff Burton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/78/02
Date

(83)675-2964
Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91434 039 ****61.25



DO NOT WRITE IN THIS SPACE

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