

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90089 023 ****61.25

DOCUMENT # N34185

1. Entity Name
LABELLE QUARTERBACK CLUB, INC.



Principal Place of Business

~~JOHN JAY WATKINS~~
~~150 S MAIN ST. P O BOX 250~~
~~LABELLE FL 33935~~
~~US~~

Mailing Address

~~JOHN JAY WATKINS~~
~~150 S MAIN ST. P O BOX 250~~
~~LABELLE FL 33935~~
~~US~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country
USA

3. Mailing Address

P.O. Box 1443

Suite, Apt. #, etc.

City & State
LaBelle, FL

Zip
33975

Country
USA

4. FEI Number **65-0204742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
John O'Ferrell
Street Address (P.O. Box Number is Not Acceptable)
744 Caloosa Estates Drive
City
LaBelle FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John O'Ferrell* **JOHN O'FERRELL, Registered Agent**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **O'FERRELL, JOHN**
STREET ADDRESS **744 CALOOSA ESTATES DR**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **VD** ☐ Delete
NAME **HARRIS, DARRELL**
STREET ADDRESS **N RIVER RD P.O. BOX 963 N/A**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **SD** ☐ Delete
NAME **LYONS, DAVE**
STREET ADDRESS **380 BELMONT**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **TD** ☐ Delete
NAME **BURTON, JEFF**
STREET ADDRESS **1301 CAPT HENDRY DR.**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **D** ☐ Delete
NAME **COOPER, SCOTT**
STREET ADDRESS **4050 COWBOY WAY**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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: *Jeff Burton*

Jeff Burton

3/24/03

Jeff Burton
863-675-2966

CR2E037 (10/02)