

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90184 042 ****61.25

DOCUMENT # N36766

1. Entity Name

WOODHAM HIGH SCHOOL QUARTERBACK CLUB, INC.

Principal Place of Business

Mailing Address

**150 E. BURGESS RD
 PENSACOLA FL**

**P.O. BOX 10027
 PENSACOLA FL 32504**

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

NOT APPLICABLE

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

**MELVILLE, JACKLYN
 1204 DUNMIRE ST
 PENSACOLA FL 32504**

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

Jacklyn Melville

1/23/02

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	PD	<input type="checkbox"/> Delete
NAME	LITTLE, RICHARD	
STREET ADDRESS	2503 BROOKLYN ST	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, ELDEN	
STREET ADDRESS	7940 HOLGATE RD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELVILLE, RICHARD	
STREET ADDRESS	1204 DUNMIRE STREET	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOLEY, JAN	
STREET ADDRESS	4780 YACHT HARBOUR DR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, EDITH	
STREET ADDRESS	2772 COTTONWOOD LN	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABA, JOE	
STREET ADDRESS	8225 SQUIRE RD	
CITY-ST-ZIP	PENSACOLA FL 32514	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Goolsby	
STREET ADDRESS	4017 Middleburg Dr	
CITY-ST-ZIP	Pensacola Fla 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Melville*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2002

Date

850 4846030

Daytime Phone #

CR2E037 (9/01)