

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-18-2001 91243 006 ****61.25

DOCUMENT # N39668
 1. Entity Name
GODBY HIGH QUARTERBACK CLUB, INC.

Principal Place of Business Mailing Address
 P. O. BOX 37087 P. O. BOX 37087
 TALLAHASSEE FL 32315 TALLAHASSEE FL 32315

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 **47-0402902** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARKER, MARK K
1933 GRIMES LN
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 Name **Sheila Hoover**
 Street Address (P.O. Box Number is Not Acceptable) **2612 W. Tenn St #3**
 City **Tallahassee** FL Zip Code **32304**

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 Sheila Hoover DATE 5/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD NAME PARKER, MARY K STREET ADDRESS 1933 GRIMES LN CITY-ST-ZIP TALLAHASSEE FL 32304 | <input checked="" type="checkbox"/> Delete |
| TITLE VPD NAME GIBSON, LOUIS STREET ADDRESS 3989 ELDER LN CITY-ST-ZIP TALLAHASSEE FL 32303 | <input checked="" type="checkbox"/> Delete OK |
| TITLE TD NAME FRANKS, BARBARA STREET ADDRESS 7535 86 W TENNESSEE ST CITY-ST-ZIP TALLAHASSEE FL 32304 | <input checked="" type="checkbox"/> Delete |
| TITLE S NAME HOOVER, SHIELA C STREET ADDRESS 2612 W TENN ST #3 CITY-ST-ZIP TALLAHASSEE FL 32304 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE PD NAME Sheila Hoover STREET ADDRESS 2612 W. Tenn. St #3 CITY-ST-ZIP Tall. FL 32304 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VPD NAME SAME - Louis Gibson STREET ADDRESS 3989 Elder Lane CITY-ST-ZIP Tall. FL 32303 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME Cindy Whittington STREET ADDRESS 2612 W. Tenn St #6 CITY-ST-ZIP Tall. FL 32304 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME John Pellino STREET ADDRESS 4543 CAMDEN RD. CITY-ST-ZIP Tall. FL 32303 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Sheila Hoover DATE 5/13/01 DAYTIME PHONE # 850 224 8707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment
Doc# N39668
70773



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 1, 2001

GODBY HIGH QUARTERBACK CLUB, INC.
P. O. BOX 37087
TALLAHASSEE, FL 32315

Subject: **GODBY HIGH QUARTERBACK CLUB, INC.**

Reference Number: **N39668**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report, **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/da
ANNUAL REPORTS SECTION