

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91776 013 ****61.25

DOCUMENT # N39668

1. Entity Name

GODBY, HIGH QUARTERBACK CLUB, INC.

Principal Place of Business

Mailing Address

P. O. BOX 37087
TALLAHASSEE FL 32315

P. O. BOX 37087
TALLAHASSEE FL 32315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Godby High School

3. Mailing Address

P.O. Box 37087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

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

HOOVER, SHEILA
2612 W TENNESSEE STREET, #3
TALLAHASSEE FL 32304

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 **PD** ☐ Delete
NAME **HOOVER, SHEILA**
STREET ADDRESS **2612 W TENNESSEE STREET, #3**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **VPD** ☐ Delete
NAME **GIBSON, LOUIS**
STREET ADDRESS **3989 ELDER LN**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **TD** ☐ Delete
NAME **WHITTINGTON, CINDY**
STREET ADDRESS **2612 W TENNESSEE STREET, #6**
CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE **S** ☒ Delete
NAME **PELLINO, JOHN**
STREET ADDRESS **4543 CAMDEN ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **Sheila Hoover**
STREET ADDRESS **2612 W. Tennessee St. #3**
CITY-ST-ZIP **Tall. FL 32304**

TITLE **VPD** ☐ Change ☐ Addition
NAME **Louis Gibson**
STREET ADDRESS **3989 Elder Lane**
CITY-ST-ZIP **Tall. FL 32303**

TITLE **TD** ☐ Change ☐ Addition
NAME **Cindy Whittington**
STREET ADDRESS **2612 W. Tennessee St #6**
CITY-ST-ZIP **Tall. FL 32304**

TITLE **S** ☐ Change ☒ Addition
NAME **Chuck Corley**
STREET ADDRESS **5412 Grove Valley Rd.**
CITY-ST-ZIP **Tall. FL 32303**

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 officer like empowered.

SIGNATURE:

Sheila Hoover

Date

Daytime Phone #

CR2E037 (9/01)