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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000128 (8)**

1. Corporation Name

FLORIDA BASKETBALL OFFICIALS, INC.

Principal Place of Business

**715 TY TY ROAD
TALLAHASSEE FL 32308**

Mailing Address

**715 TY TY ROAD
TALLAHASSEE FL 32308**



3. Date Incorporated or Qualified

01/02/1994

4. FEI Number

59-3218370

Applied For

☐ Not Applicable

2. Principal Place of Business

21 216 South Monroe St.

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Tallahassee, Florida

Zip

24 32301

Country

25 Leon

2a. Mailing Address

26 216 South Monroe St.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Tallahassee, Florida

Zip

29 32301

Country

30 Leon

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DAVIS, JUDY S
715 TY TY ROAD
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

Bob L. Harris

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

216 South Monroe Street

83

Suite 200

84 City

Tallahassee

FL

85 Zip Code

32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

**D
DAVIS, JUDY S
715 TY TY ROAD
TALLAHASSEE FL 32308**

TITLE ☒ DELETE

**D
HARRIS, BOB L
3536 ROSEMONT RIDGE
TALLAHASSEE FL 32312**

TITLE ☒ DELETE

**D
SHANK, KELLEY K
1412 WOODGATE WAY
TALLAHASSEE FL 32308**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**D
HARRIS, BOB L.
3536 Rosemont Ridge
Tallahassee, Fl 32312**

2.1 TITLE ☐ Change ☒ Addition

**D
HARRIS, LIBBA C.
3536 Rosemont Ridge, Tall, Fl 32312**

3.1 TITLE ☐ Change ☒ Addition

**D
CARR, JEAN T.
1920 Botany Drive
Tallahassee, Fl 32303**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BOB L. HARRIS 4/2/98 850-222-3471

CR2E037 (10/97)