

DOCUMENT # N99000005028

1. Entity Name

QUINCY FOOTBALL OFFICIALS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RT. 1, BOX 143
QUINCY FL 32351P.O. BOX 305
QUINCY FL 32353-0305

2. Principal Place of Business

1766 TOLAR-WHITE ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

QUINCY FL

City & State

Zip

32351

Country

USA

Zip

Country

4. FEI Number

59-3136090

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCPHAUL, DAVID
RT. 1, BOX 143
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

DAVID MCPHAUL

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

1766 TOLAR-WHITE ROAD

City

QUINCY

FL

Zip Code

32351

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 not applicable

DAVID MCPHAUL PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

1-8-2000

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	DAVID MCPHAUL	
STREET ADDRESS	1766 TOLAR-WHITE RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	V	☐ Delete
NAME	MATT SPECHT	
STREET ADDRESS	1314 IDLEWILD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	T/S	☐ Delete
NAME	LARRY WHITMORE	
STREET ADDRESS	1636 TOLAR-WHITE RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	NON VARSITY BOOKING COMMISSIONER	☐ Delete
NAME	GEORGE STANLEY	
STREET ADDRESS	1302 SMOKE RISE LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	MEMBER AT LARGE	☐ Delete
NAME	EMMETT BAYSON	
STREET ADDRESS	3896 SYLVANIA PLANTATION RD	
CITY-ST-ZIP	GREENWOOD FL 32443	
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		

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:

LARRY WHITMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-8-2000 850-442-6105

DO NOT WRITE IN THIS SPACE



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)