2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 700306** May 02, 2000 8:00 am 1. Entity Name Secretary of State THE GATOR BOWL ASSOCIATION, INC. 05-02-2000 90026 016 ****61.25 Principal Place of Business Mailing Address 1 GATOR BOWL BLVD 1 GATOR BOWL BLVD JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-1507 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0541694 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CATLETT, RICHARD M. 1 GATOR BOWL BLVD JACKSONVILLE FL 32202 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. STD Addition TITLE ☐ Delete TITLE HAMILTON, SUSAN NAME STREET ADDRESS STREET ADDRESS CSX TRANS, 116 DAVID ST CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32254 ☐ Addition CD [] Change X Delete TITLE TITLE STOKES, E C NAME NAME STREET ADDRESS STREET ADDRESS 9551 BAYMEADOWS RD #4 CITY-ST-7IP CITY-ST-ZIP _ JACKSONVILLE FL 32256 ☐ Delete Change ☐ Addition TITLE TITLE CATLETT, RICHARD M. NAME NAME STREET ADDRESS STREET ADDRESS 1 GATOR BOWL BLVD CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32202 Change TITLE X Addition TITLE Delete JENKINS, LEERIE T. Jr. NAME NAME والمعول فالمراش فيرادون 4651 SAlisbury Rd, # 400 STREET ADDRESS STREET ADDRESS JACKSONVIlle, FI 32256 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

Richard

LATIE # Date