

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-17-2002 90042 002 ****61.25

DOCUMENT # 739366
 1. Entity Name
GATOR DUGOUT CLUB, INC.

Principal Place of Business Mailing Address
 P O BOX 12833 P O BOX 12833
 GAINESVILLE FL 32604 GAINESVILLE FL 32604

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 **59-2567984** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PARRISH, JIM
156 TURKEY CREEK
ALACHUA FL 32615

7. Name and Address of New Registered Agent
 Name **Donald R. Coble**
 Street Address (P.O. Box Number is Not Acceptable)
1626 SW 82 Ter
 City **Gainesville** FL Zip Code **32607**

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 *Donald R. Coble* **Donald R. Coble** DATE **1-10-02**
Signature, typed or printed name of registered agent and date 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 NAME	TD STEVENS, SHARON M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5200 NEWBERRY RD., SUITE B-6	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE NAME	VPD MOORE, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5821 NW 91 BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE NAME	SD PARRISH, BETTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	156 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE NAME	PD PARRISH, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	156 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D PARRISH, BETTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	156 TURKEY CREEK	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE NAME	D President-Elect HAZOURI, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1420 NW 66 Ter	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D Secretary BAUMGARTNER, TRUDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3612 NW 31ST Ter	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE NAME	D Treasurer COBLE, DONALD R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1626 SW 82 Ter	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Donald R. Coble* **Donald R. Coble**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-10-02** Daytime Phone # **352-331-8263**

CR2E037 (9/01)