

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90064 024 ****61.25

DOCUMENT # 744615

1. Entity Name

FIGHTIN GATOR TOUCHDOWN CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 147050
 GAINESVILLE FL 32614

P.O. BOX 147050
 GAINESVILLE FL 32614-7050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1930965

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWANSON, STEPHEN
3930 N.W. 23RD TERRACE
GAINESVILLE FL 32605

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **JAMES, JEFFREY**
 STREET ADDRESS **7922 SW 13TH RD**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SWANSON, STEPHEN**
 STREET ADDRESS **3930 NW 23 TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **HOUSTON, JAMES**
 STREET ADDRESS **601 NW 97TH TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **HAMILTON, THOMAS**
 STREET ADDRESS **4323 NW 21 TERR.**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **KARLE, MARTY**
 STREET ADDRESS **PO BOX 189**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **LEONARD W. BUFFINGTON**
 STREET ADDRESS **802 NW 23RD AVE, SUITE C**
 CITY-ST-ZIP **GAINESVILLE, FL. 32609-3534**

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: *Signature of Stephen Swanson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

376-1601
 Daytime Phone #