

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90035 031 \*\*\*\*61.25

0020629

**DOCUMENT # 766171**

1. Entity Name

**GATOR BOWMEN INC.**

Principal Place of Business

Mailing Address

% TIMOTHY O AUSTIN  
 1710 SW 76TH TERR  
 GAINESVILLE FL 32607-3418  
 US

% TIMOTHY O. AUSTIN  
 1710 SW 76TH TERR  
 GAINESVILLE FL 32607-3418  
 US

U U I O R U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0247526**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, TIMOTHY O.**  
**1710 SW 76 TERR**  
**GAINESVILLE FL 32607-3418**

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: **VP**  Delete  
 NAME: **LESTER, BARBARA A**  
 STREET ADDRESS: **105 SW 2 ST (PO BOX 392 )**  
 CITY-ST-ZIP: **HAWTHORNE FL 32640-0392**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **ANDERSON, RONALD C**  
 STREET ADDRESS: **12221 NW 157TH ST**  
 CITY-ST-ZIP: **ALACHUA FL 32615**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **TD**  Delete  
 NAME: **AUSTIN, TIMOTHY O.**  
 STREET ADDRESS: **1710 SW 76TH TERR**  
 CITY-ST-ZIP: **GAINESVILLE FL 32607**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **GANN, HERMIT R**  
 STREET ADDRESS: **1270-B S.E. 8TH AVE.**  
 CITY-ST-ZIP: **GAINESVILLE FL**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **P**  Delete  
 NAME: **LESTER, WOODROW C JR**  
 STREET ADDRESS: **105 SW 2 ST (PO BOX 3925)**  
 CITY-ST-ZIP: **HAWTHORNE FL 32640-0392**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **WESTFALL, RICHARD F**  
 STREET ADDRESS: **23324 NW 14TH TERRACE**  
 CITY-ST-ZIP: **BROOKER FL 32622-5132**

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:** TIMOTHY O. AUSTIN **TIMOTHY O. AUSTIN** 1/16/01 352-332-1969  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)