

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90200 006 \*\*\*\*61.25

**DOCUMENT # 766171**

1. Entity Name

**GATOR BOWMEN INC.**

Principal Place of Business

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

Mailing Address

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

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

**59-0247526**

Applied For

Not Applicable

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

TITLE  Change  Addition  
 NAME **DIRECTOR CHARLES R. WALKER**  
 STREET ADDRESS **29304 NW 18th TER**  
 CITY-ST-ZIP **ALACHUA FL 32615-3101**

TITLE  Delete  
 NAME **D 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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: *TIMOTHY O. AUSTIN* **TIMOTHY O. AUSTIN**

Date: 1/8/2002 Daytime Phone #: 352-332-1969

CR2E037 (9/01)