

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004801

1. Entity Name

GATOR PRIDE BOOSTER CLUB, INC.

Principal Place of Business

9946 N.W. 49TH TERRACE
MIAMI FL 33178

Mailing Address

9946 N.W. 49TH TERRACE
MIAMI FL 33178

2. Principal Place of Business

1880 S. TREASURE DR.

Suite, Apt. #, etc.

48

City & State

MIAMI, FL.

Zip

33141

Country

U.S.A.

3. Mailing Address

1880 S. TREASURE DR.

Suite, Apt. #, etc.

48

City & State

MIAMI, FL.

Zip

33141

Country

U.S.A.

4. FEI Number

65-0613865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LUNDELIUS, WALTER D. SR.~~
~~9946 N.W. 49TH TERRACE~~
~~MIAMI FL 33178~~

7. Name and Address of New Registered Agent

Name
DONNA LATSHAW
Street Address (P.O. Box Number is Not Acceptable)
18825 SW 154 TERR.
MIAMI, FL.
City FL Zip Code 33157

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

Donna M. Latshaw

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

8-6-01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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
STREET ADDRESS
CITY-ST-ZIP
ST
LUNDELIUS, WALTER D
9946 NW 49 TERRACE
MIAMI FL 33178 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LATSHAW, DONNA
18825 SW 154 TERRACE
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LATSHAW, CHARLES
18825 SW 154 TERRACE
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALVADOR, AMARIS
21 WEST 63 ST.
HALEAH, FL. 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 changes empowered.

SIGNATURE:

Donna M. Latshaw
DONNA M. LATSHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-01

8-7-01

305-253-0497

305-253-0494

Date

Daytime Phone #

8/

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-15-2001 90005 030 ***61.25

11921



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)