

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90147 010 *****61.25

0070352

DOCUMENT # 744615

1. Entity Name

FIGHTIN GATOR TOUCHDOWN CLUB, INC.



Principal Place of Business

P.O. BOX 147050
GAINESVILLE FL 32614

Mailing Address

PMB 002
POST OFFICE BOX 147050
GAINESVILLE FL 32614

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 **59-1930965**

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

MURPHREE, W.E.
3610 NW 29TH TERRACE
GAINESVILLE FL 32605

Name **VAUGHN, NORMAN R.**

Street Address (P.O. Box Number is Not Acceptable)

605 NW 1ST STREET

City **HIGH SPRINGS**

FL

Zip Code **32643**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Norman R. Vaughn **NORMAN R. VAUGHN** **TREASURER** **4-19-03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MIKE, JARRELL**
STREET ADDRESS **7922 SW 13TH RD**
CITY-ST-ZIP **LAKE CITY FL**

TITLE **D** ☒ Change ☐ Addition
NAME **JARRELL, MIKE**

TITLE **TD** ☐ Delete
NAME **TANNER, MIKE**
STREET ADDRESS **3930 NW 23 TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VP/D** ☒ 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 **VP** ☐ Delete
NAME **HOWELL, JOHN**
STREET ADDRESS **802 NW 23RD AVE., SUITE C**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **915 NW 1ST AVE**
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE **D** ☐ 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **HORTON, JENNIFER**
STREET ADDRESS **2040 NE 17TH TER**
CITY-ST-ZIP **GAINESVILLE FL 32609**

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: Norman R. Vaughn **NORMAN R. VAUGHN** **4/22/03** **352-333-9244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)