

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 219949

1. Entity Name

GATOR OIL COMPANY

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90010 020 ***150.00

Principal Place of Business
1502 S LAKESIDE DR
UNIT 412
LAKE WORTH FL 33460
US

Mailing Address
1502 S LAKESIDE DR
UNIT 412
LAKE WORTH FL 33460
US

00004132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
PO Box 2860
Suite, Apt. #, etc.
City & State
Banner Elk NC
Zip 28604 Country USA

4. FEI Number 59-0882363
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOUREEN, O R
1502 S LAKESIDE DR
UNIT 412
LAKE WORTH FL 32460

7. Name and Address of New Registered Agent
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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOUREEN, O R	
STREET ADDRESS	1502 S LAKESIDE DR UNIT 412	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	HALTER, LEW A	
STREET ADDRESS	585 OLD FARM RD	
CITY-ST-ZIP	BANNER ELK NC 28604	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	JANIE T. HALTER	
STREET ADDRESS	585 OLD FARM RD	
CITY-ST-ZIP	BANNER ELK, NC 28604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lew A Halter Lew A Halter, VP 1-9-01 828-898-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0317704

CR2E034 (10/00)