2001 UNIFORM BUSINESS REPORT (UBR)

					100.	-,	•	
DOCUMENT # 333740 1. Entity Name								
GATOR AUTO LEASING, INC.							FILED	
							01 APR 17 AM 11: 24	
Principal Place of Business 3535 N. Main Street 3535 N. Main Street				n Street		İ	SECRETARY OF STATE	
Gainesville, FL 32609 Gainesville,				, FI	FL 32609		SECRETARY OF STATE TALLAHASSEE FLORIDA	
		<u> </u>	,					
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State .			City & State				4. FEI Number Applied For Not Applicable	
Zip	Zip Country		Zip Coun		ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
- 5/7	6. Name	and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent	
N								
Hawes, T.J.					H. Richard Llewellyn, Jr.			
3535 N. Main Street					Street Address (P.O. Box Number is Not Acceptable) 1901 Tamiami Trail			
Gainesville, FL 32601							The Maria and American	
							T = -	
Gily Punta						a Go	orda FL ^{Zip Code} 50	
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.								
0-1 1/2								
SIGNATURE (Celear Carrelly H. Rich							chard Llewellyn, Jr. 4/9/01	
	Signature, typed	or printed name of registered agent an	d title il applicable. (NWE:	Registere	d Agent signature	e required v	when reinstating) DATE	
						Trust Fund Contribution. Added to Fees		
11. OFFICERS AND DIRECTORS				12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S		Delete	TITLE	E .	PD	☐ Change 🔀 Addition	
NAME	Hawes	s, T.J.		NAM	E .	Llew	wellyn, Jr., H. Richard	
STREET ADDRESS	3535	N. Main Str	eet	STRE			l Tamiami Trail	
CITY-ST-ZIP	Gaine	esville, FL		CITY			ta Gorda, FL 33950	
TITLE	D		□X Delete	TITLE		STD	☐ Change 🔀 Addition	
NAME	Hawes	s, Pansy		NAM	I .		nn P. Helphenstine	
STREET ADDRESS	3535	eet	STREET ADDRESS 1901			l Tamiami Trail		
CITY_ST-ZIP		esville,_FL=		CITY			ta~Gorda; FL - 33950	
TITLE	PD	•	□ x Delete	TITLE	E 1	D	. 🗀 Change 🔀 Addition	
NAME	Harpe	e, Ed		NAM			ert B. Helphenstine	
STREET ADDRESS	_	NW 11th Ave:	nue	7 B			l Tamiami Trail	
CITY-ST-ZIP		esville, FL		CITY	-ST-ZIP	Punt	ta Gorda, FL 33950	
TITLÉ	200		☐ Delete	TITLE		D -	Change 🖺 Addition	
NAME	~" "" (_	~ <u>~~</u> 1350)437 7	NAM			Brett Helphenstine	
STREET ADDRESS		****1E0 00	150002		1		l Tamiami Trail	
CITY-ST-ZIP		00041350 -05/03/0101 ****150.00	****150 <u>00</u>	+			ta Gorda, FL 33950	
TITLE			☐ Delete	TITLE		D.	☐ Change ☒ Addition	
NAME				NAM			na Lombardo	
STREET ADDRESS							l Tamiami Trail	
CITY-ST-ZIP						Punt	ta Gorda, FL 33950	
TITLE			☐ Delete	TITLE			Marchael - Addition	
VAME				NAMI			<i>→ ۱۱ </i>	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP		\propto	
						-1:- 0	140 07(0)(3) Florido Contra 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	
اع. I nereby ce	ertify that the	information supplied with the	nis illing does not quality for t	ne exe	mption state	a in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	

3. 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: 🖳 🗘

ud Semilla X 4/9,

4/9/01 941/639-1155

Daytime Phone #