

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 368065

1. Entity Name

GATOR DISCOUNT SPORTING GOODS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90037 046 ***150.00

Principal Place of Business

Mailing Address

572 CITRUS AVE
CRYSTAL RIVER FL 34428-1017

572 CITRUS AVE
CRYSTAL RIVER FL 34428-4017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1346072

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AYERS, KATHRYN J
4544 N FOREST LAKE DR
HERNANDO FL 34442

Name **AYERS, KATHRYN J.**

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

4544 N. FOREST LAKE DRIVE

City **HERNANDO**

FL

Zip Code **34442**

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

Same as prior year

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **P**
AYERS, KATHRYN J
STREET ADDRESS **4544 N FOREST LAKE DR**
CITY-ST-ZIP **HERNANDO FL**

TITLE ☐ Change ☐ Addition

NAME **S** ☐ Delete

NAME **AYERS, H M**
STREET ADDRESS **4544 N FOREST LAKE DR**
CITY-ST-ZIP **HERNANDO FL**

TITLE ☐ Change ☐ Addition

NAME **VP** ☐ Delete

NAME **JONES, LINDA L**
STREET ADDRESS **1161 COATES LANE**
CITY-ST-ZIP **CUDJOE KEY FL**

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

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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:

Kathryn J. Ayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2000
Date

Daytime Phone #

CR2E034 (9/99)