

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90182 027 \*\*\*\*61.25

**DOCUMENT # 728395**

1. Entity Name

**GATOR SKEET AND TRAP CLUB, INC.**



Principal Place of Business

**5202 NE 46TH AVE  
GAINESVILLE FL 32609-1614**

Mailing Address

**5202 NE 46TH AVE  
GAINESVILLE FL 32609-1614**

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 **23-7068407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PETTENGILL, JAMES E  
2015 NW 19TH LANE  
GAINESVILLE FL 32605**

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

SIGNATURE

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

TITLE **VD** ☐ Delete  
NAME **WILLIAMS, ROBERT**  
STREET ADDRESS **2817 N.W. 31ST AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **SD** ☒ Delete  
NAME **BENSON, RICHARD**  
STREET ADDRESS **3200 SW 86TH PL**  
CITY-ST-ZIP **OCALA FL 34476**

TITLE **PD** ☒ Delete  
NAME **PETTENGILL, JAMES E**  
STREET ADDRESS **2015 NW 19TH LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **TD** ☐ Delete  
NAME **KRUCZEK, JOHN P**  
STREET ADDRESS **5528 NW 45TH LANE**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **WILLIAMS, ROBERT**  
STREET ADDRESS **2817 N.W. 31st Avenue**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **VD** ☐ Change ☒ Addition  
NAME **WYSDEK, KAREN**  
STREET ADDRESS **2901 S.W. 41st ST -APT. 3616**  
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **SD** ☐ Change ☒ Addition  
NAME **RICHARDSON, SCOTT**  
STREET ADDRESS **P.O. BOX 404**  
CITY-ST-ZIP **EVINSTON, FL 32633**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Kruczek John P**  
STREET ADDRESS **5528 NW 45th Lane**  
CITY-ST-ZIP **Gainesville, FL 32606-4388**

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

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

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:

*John P. Kruczek* Treasurer 4/103 (352)

CR2E037 (10/02)