

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730915

1. Entity Name

WINNIE-GATORS, INC.

Principal Place of Business

6216 HUNTERS LANE  
ST AUGUSTINE FL 32092  
US

Mailing Address

6216 HUNTERS LANE  
ST AUGUSTINE FL 32092  
US

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

65-0426845

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

YETTER, DONALD W  
406 THIRTEENTH STREET WEST  
BRADENTON FL 34205

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME BYERS, MARGARET  
STREET ADDRESS 6228 HUNTERS LANE  
CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE P/D ☒ Change ☐ Addition  
NAME HALSTEAD, PHILIP  
STREET ADDRESS 55 SEMINOLE DR. E.  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE 1VP ☒ Delete  
NAME PEARSON, CHARLIE  
STREET ADDRESS 13670 NE 238 CT  
CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE 1VP ☒ Change ☐ Addition  
NAME JIM POSS  
STREET ADDRESS 3550 TALLAVANA TRAIL  
CITY-ST-ZIP HAVANA, FL 32333

TITLE DT ☐ Delete  
NAME HOFFREN, CINDY  
STREET ADDRESS 6216 HUNTERS LANE  
CITY-ST-ZIP ST AUGUSTINE FL 32092

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

TITLE 2VP ☒ Delete  
NAME HALSTEAD, PHILIP  
STREET ADDRESS 55 SEMINOLE DR E.  
CITY-ST-ZIP BRADENTON FL 34208

TITLE 2VP ☒ Change ☐ Addition  
NAME GAIL WOOD  
STREET ADDRESS 435 16TH AVENUE SE #588  
CITY-ST-ZIP LARGO, FL 33771

TITLE S ☒ Delete  
NAME COSTA, DAWN  
STREET ADDRESS 5608 SW 107TH ST  
CITY-ST-ZIP Ocala FL 34476

TITLE S ☒ Change ☐ Addition  
NAME LORETTA FIEBRANDT  
STREET ADDRESS 1720 SANTAMARIA PLACE  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D ☒ Delete  
NAME VAN VALKENBURG, EDWIN  
STREET ADDRESS 1501 W. LINEBAUGH AVE  
CITY-ST-ZIP TAMPA FL 33612

TITLE D ☒ Change ☐ Addition  
NAME MARGARET BYERS  
STREET ADDRESS 6228 HUNTERS LANE  
CITY-ST-ZIP ST. AUGUSTINE, FL 32092

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: CINDY HOFFREN RE *Cindy Hoffren, Treasurer* 4-11-01 904-940-9104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)